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STATE OF MARYLAND

EXECUTIVE DEPARTMENT

ANNAPOLIS, MARYLAND 21404

MARVIN MANDEL
GOVERNOR

To The Citizens of Maryland:

In recent years, our State has experienced a tremendous increase in population and a rapid growth of urbanization. The numerous problems and complexities brought about by these trends have created the need to seek improvements in the delivery of government services.

In response to my request, the General Assembly appropriated funds and authorized the Department of State Planning to study the current methods, practices and costs for providing State services to our citizens in order to determine if use of a multi-service center approach will improve service delivery.

During the conduct of this Study, various members of the General Assembly, the State Planning Commission, House Appropriations and Senate Budget and Taxation Committees, and the Joint Sub-Committee on the Capital Budget of the General Assembly, Citizens Groups, Cabinet, and local planning agencies have received information and periodic briefings on its progress and preliminary findings.

The Study's findings indicate a time worn system providing less than optimum service, inconveniently delivered from more than 450 dispersed service locations at an annual leasing cost in excess of approximately ten million dollars. The Study also finds that the multi-service center approach will go a long way toward eliminating problems associated with the existing service delivery system and that this method will provide an improved means of service delivery.

The Study thus proposes a system of 44 one-stop multi-service centers located in convenient and accessible fashion to all our people, and a service delivery process and program which will present personalized service to the user without undue delay. At least one such multi-service center will be located in each county and additional facilities will be placed in those areas such as Baltimore City and counties around Baltimore and Washington, where heavy population concentrations and service needs necessitate their presence. Implementation of the Multi-Service Center System will improve the level of service presently provided in the Counties and Baltimore City.

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I, therefore, endorse the concept and principles of the Multi-Service Center Plan and I assure you that I will continue to work for the implementation of the Study's recommendations.

With these thoughts in mind, I am pleased to present this Summary Report in hopes that it will represent another step in our efforts to provide a better quality of life to the citizens of Maryland.

Sincerely,

Governor

Maryland. State Planning ...
Publications.

State of Maryland
Multi-Service Center Study
Summary Report

DECEMBER 1976

LEGAL AUTHORITY FOR PLAN PREPARATION

The State of Maryland Multi-Service Center Study was prepared under authority granted to the Maryland Department of State Planning by Article 88C of the Annotated Code of Maryland, which empowers the Department of State Planning to " . . . prepare a plan or plans for the development of the State . . . The State Development Plan shall embody . . . recommendations concerning the need for the proposed general location of major public and private works and facilities . . . " Funds to prepare a program and plan, including a feasibility study for state multi-purpose centers to provide for convenient and efficient service delivery, were authorized by Chapter 179 of the Acts of 1972 of the General Assembly of Maryland. The preparation of this report was financed in part through a comprehensive planning grant from the Department of Housing and Urban Development as administered by the Maryland Department of State Planning. The work reported herein was performed pursuant to a contract with the Maryland Department of State Planning by **GRUEN ASSOCIATES, INC.**

THE STATE OF MARYLAND

Honorable Marvin Mandel, *Governor*

MARYLAND DEPARTMENT OF STATE PLANNING

Vladimir A. Wahbe, *Secretary*

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George R. Lewis, *Chairman*
Secretary, Department of General Services

Dr. R. Kenneth Barnes
Secretary, Department of Budget and Fiscal Planning

Vladimir A. Wahbe
Secretary, Department of State Planning

DEPARTMENT OF STATE PLANNING STAFF PARTICIPATION

Edwin L. Thomas, *Director*
Comprehensive State Planning Division

Melvin B. Ginsburg, *Project Director*
Carol A. Baker
Julia Caraway
Patricia Harper
Charles P. Lach
Michael J. Nortrup

MARYLAND
DEPARTMENT OF STATE PLANNING
301 WEST PRESTON STREET
BALTIMORE, MARYLAND 21201
TELEPHONE: 301-383-2451

MARVIN MANDEL
GOVERNOR

VLADIMIR A. WAHBE
SECRETARY OF STATE PLANNING

The Honorable Marvin Mandel
Governor of Maryland
State House
Annapolis, Maryland 21401

Dear Governor Mandel:

I am pleased to transmit the enclosed report entitled, State of Maryland Multi-Service Center Study - Summary Report.

The Study was authorized in 1972 by executive and legislative action for purposes of determining the applicability of multi-service centers (MSC) to the State of Maryland and to prepare a plan and program for their implementation should they prove feasible.

To address this complex undertaking, an investigation was conducted of a variety of MSC alternatives including one center per county, multiple centers per county and regional centers serving more than one county. The results of these investigations are summarized in the attached document for all State and local officials and study participants as well as other interested parties. Included in the Summary are a proposed plan and program for the implementation and operation of a statewide system of multi-service centers and a description of a prototype facility showing suggested architectural design and interior layout. The plan represents a significant element of the State Development Plan.

The findings and recommendations stress the MSC concept as a feasible and desirable approach that would benefit the citizens of Maryland as well as State agency operations. By the year 2000, a projected annual savings of $206 million would be realized from the MSC Plan and System. While leased space for the period from 1974-2000 is projected to cost the State in excess of $405 million, the estimated construction cost for the State MSC System is $274 million. MSC's are viewed as a method which would at one time improve service and cut costs. In addition, the proposed MSC System contains many related facilities, such as District Courts, which are presently funded under the General Construction Loans of 1972, 1973, 1974 and 1975. It is thus compatible with existing State capital improvements programming.

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Summary
Findings and Recommendations

SUMMARY
FINDINGS AND RECOMMENDATIONS

The multi-service center system is a feasible means for vastly improving delivery of government services to the residents of the State of Maryland.

Co-location of service delivery agencies and programs provides opportunities that permit the needs of state residents to be addressed in a complete, convenient, efficient and satisfactory manner; reduces duplication of agency activities; and improves interagency coordination and communication. Thus, a more economical operation of state agency functions results.

Service recipients' costs will decline and benefits would accrue when a full range of government programs is conveniently accessible from a single location to satisfy their total needs.

The Multi-Service Center Plan provides for 44 consolidated service facilities of varied operational levels which are scaled to populations within 34 delineated service areas. These 44 MSCs will centralize services presently delivered from some 448 separate service office locations, plus those contemplated for the future.

The multi-service centers, as planned, will be conveniently accessible to 93 percent of the state's residents. Dense urban concentrations, as well as scattered rural populations, are each within a maximum of 20 minutes of a service center.

The Multi-Service Centers, as planned, will be conveniently accessible to 93 percent of the state's residents. Dense urban concentrations, as well as scattered rural populations, are each within a maximum of 20 minutes of a service center.

The MSC Plan proposes that local and federal government participate as active partners or occupants in the MSC facilities. Voluntary organizations which provide essential programs that benefit the public would also be useful inclusions.

Coordination with compatible local service programs should be effected to provide residents with the broadest range of needed services and to eliminate costly and confusing duplication of service delivery efforts, endless delays, and frustrations.

All segments of the population will benefit from the convenience offered by the availability of a wide spectrum of direct contact services at single locations. State services available at a full service MSC will encompass some 83 programs offered by ten executive departments, five independent agencies, and the judiciary.

It is recommended that the Multi-Service Center Plan, as proposed in this study, should be implemented as a statewide system.

The structure of the state government, as well as the many processes involved in development of new systems and facilities, has been examined, and it is concluded that a system as complex as multi-service centers requires a responsibility and administrative role not presently existing in Maryland.

It is recommended that an Executive MSC Board be established, plus necessary technical assistance required for MSC implementation be provided, and appointments be made as expeditiously as possible. The board would be composed of the Secretaries of the Departments of Budget and Fiscal Planning, General Services, Personnel, and State Planning. It would be desirable for the Lieutenant Governor to serve as the board's chairman. However, if this proves not to be acceptable, the chairman could be selected annually from the board's membership.

An Operations Group, composed of representatives from each of the state, local and federal government agencies operating within each center, would be responsible for implementation of the Executive MSC Board's mandates, as well as the setting of internal procedures for guiding center operations.

Within the MSC, individual program responsibilities would continue with the various judicial and executive departments and agencies. However, the supervision of all non-agency activities in the MSC—information center, central intake, central outreach, central record-keeping, and all other central support activities—would be the responsibility of an MSC Manager.

The present service delivery system, although growing more expensive as compared to the MSC alternative, will become increasingly less effective as the population of this rapidly growing state increases and mandated programs become more numerous. The cost of leasing space statewide between the years 1974 and 2000 is projected to be $405 million for the present system.

Savings associated with the MSC system, compared against the existing service delivery system, would approximate $206 million, or 23 percent annual cost savings, in the year 2000. These savings would primarily result from the more efficient use of personnel, the sharing of specialized equipment and work space, and the separation of administrative and service delivery activities, thus allowing increased caseload and improved service work delivery standards.

A prototype MSC design is presented that provides for a readily identifiable state presence; compatibility with the surrounding environment; flexibility for program and workload changes; expansion potential; minimal visitor confusion and alienation; and economies in space, equipment, and operating costs.

The total MSC system implementation cost is $274 million, exclusive of interest costs. Over $211 million, or 77 percent, should be committed to the program for the 1976-1985 period. Funds currently obligated for rents are to be used to offset this capital expenditure.

It is recommended that capital expenditures of $211 million be approved and included in the State Capital Budgets for the first ten years.

The initial Level 3 MSC, while providing its intended purpose of full service delivery to its service area residents, will be subjected to comprehensive monitoring and evaluation to define, through operational experience, the full potentials expected with implementation of the total MSC Plan. This facility will also provide personnel and management training for the full MSC system. This knowledge will be utilized in each facility of the statewide system.

It is recommended that the prototype MSC be implemented in the earliest possible time frame so that it can effectively guide the state through its immediate and long-range development program.

A master space and functional relationship program should be developed which will serve as the design basis for all Level 2, 3 and 4 MSCs. This master program will also provide the standards necessary for program development for individual Level 1 MSCs. This master program will eliminate the necessity for individual programming of 44 MSCs, time and fees will be saved, and a standardized state system will be assured.

Introduction

INTRODUCTION

Study Purpose

The rising needs for and cost of leased office space and personnel to provide government service programs have had a significant impact on the state's budget and, conversely, the Maryland taxpayer.

A report issued by the Department of State Planning in December 1971 identified these and other problems associated with the existing public service delivery system. Interest in a new approach to servicing the Maryland resident was stimulated by the recognition that the public was not being conveniently and satisfactorily served by the existing system, which is providing services from hundreds of dispersed locations. It was felt that many of these problems could be alleviated through formulation of a system which could provide for one-stop multi-service centers strategically located throughout the state.

This apparent need for an alternative approach to the delivery of state services prompted the General Assembly to appropriate funds, at the request of Governor Marvin Mandel, to the Department of State Planning to examine a multi-service center system and its applicability to the State of Maryland, and to prepare a plan and program for implementation should feasibility be proven.

Thus, the purpose of the study was to determine if government services should be provided through service centers which would be designed to meet the singular and multiple needs of the people, scaled to a convenient area of service and complete in their offering of services, while recognizing the objectives of those who must provide the service at all levels of government.

In January 1973, Gruen Associates was commissioned as consultant to assist the state in its investigation, programming, planning, organization, feasibility and implementation of a statewide system of governmental service delivery.

The overall study consists of ten interlocking segments:

Phase 100 Study Initiation
Phase 200 Collection of Data
Phase 300 Analysis and Forecast
Phase 400 Multi-Service Center System Planning
Phase 500 Evaluation of Alternatives
Phase 600 Analysis of Costs and Benefits
Phase 700 Concept Financing and Feasibility
Phase 800 MSC System Selection
Phase 900 System Programming and Implementation
Phase 1000 Site Standards and Design

This report summarizes the basic findings and recommendations of the study and reflects the inputs from citizen and government reviews of each segment.

Study Participants

The first step in formulating a response to the purposes of the study was the organization of a team able to provide background, data, operational information, costs, insights, and overall perspective. Maryland was well prepared to carry out this difficult task.

The Department of State Planning formed a committee representing federal, state and local governments and regional planning agencies to provide coordination between the multi-service center planning process and related responsibilities, plans and policies of these various levels of government. Local and regional representation on the coordinating committee is shown in Figure 1. This committee also brought together all agencies responsible for administering or funding programs which directly serve the public or might be impacted by implementation of the study recommendations. The role of this State Planning Coordinating Committee was to review and monitor the progress of the multi-service center study effort and to interchange guidance and advice throughout.

To facilitate citizen involvement in the study process, and to keep citizens apprised of the study, Department of State Planning representatives met with citizen advisory groups in most counties and the City of Baltimore in work

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CAL AND REGIONAL REPRESENTATION

sessions arranged through local government. The comments and reactions resulting from these meetings have served as meaningful inputs into the study. Active participation by all interested groups was continuously encouraged and has proven to be invaluable to the findings of this study. The relationships among study participants are shown in Figure 2.

At significant study milestones, work sessions were held with the Governor, members of the Cabinet, the State Planning Commission, and the committees of the General Assembly.

Summary Report Format

Chapters One through Three are designed to acquaint the reader with the basic steps in the planning process that led to the determination that the multi-service center approach was preferable to the present service delivery system. The first chapter describes the present scatteration of service locations and the problems inherent to the present delivery system. Chapter Two frames the magnitude and patterns of service that an effective system must provide for both the present and the future. Chapter Three identifies the principles and standards that underlie planning for effective service delivery and evaluates various service delivery system alternatives.

Chapters Four through Seven summarize the proposals and recommendations of the study effort. The basic pattern of serving the state is covered in Chapter Four, entitled "The Multi-Service Center Plan." Chapters Five and Six address the physical, organizational and operational characteristics of a prototype multi-service center. Chapter Seven deals with implementation of the facilities as proposed in the plan and the total development process.

The contents of this report, therefore, provide a summarization of this major research and development effort. The progression of study phases and accompanying detailed progress reports, released at intervals throughout the study, are identified in the Appendix.

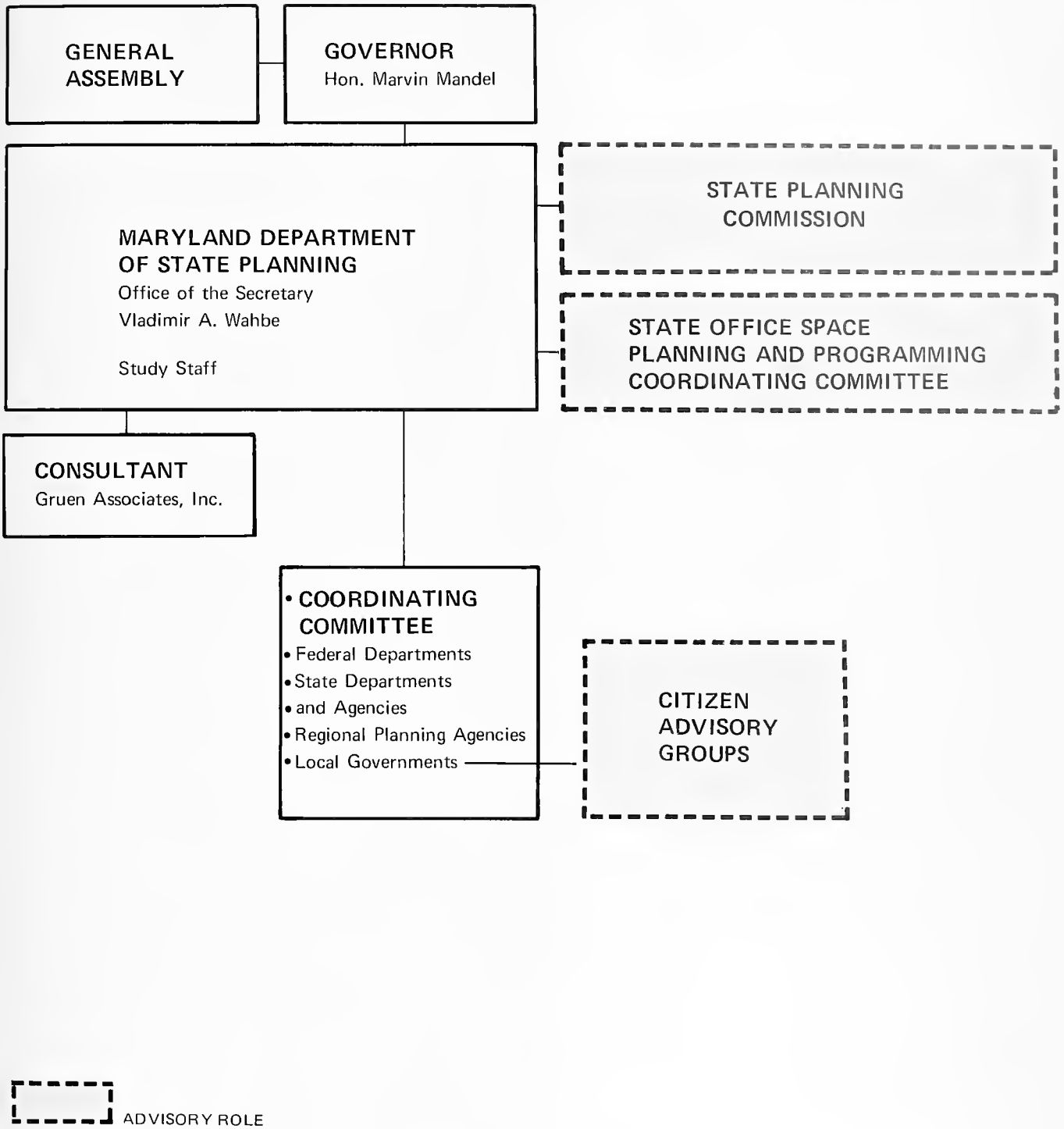


FIGURE 2
STUDY PARTICIPANTS RELATIONSHIPS

CHAPTER ONE
THE EXISTING SERVICE DELIVERY SYSTEM

For the purpose of this study, government service was considered in its broadest scope—from licensing a yacht to providing food stamps. People's needs and desires were considered in the broadest and narrowest context—from a person with a single need, who prefers to request a program service by mail or telephone, to a non-mobile family with an acute problem requiring multiple services.

Several voluminous technical publications describing State of Maryland service programs have been issued in recent years. Revisions to existing legislation and volumes of new legislation introduced into the General Assembly annually evidence the increasing size and complexity of the service delivery system.

Although the total responsibilities of the state were examined and reported in this MSC study, no attempt is made in this Summary Report to describe fully the existing programs or facilities. Instead, the major deficiencies which must be addressed in planning for a better, yet more economically served public, are identified.

Physical Facilities

Inventory information was compiled concerning state service agency locations and the type and size of space being utilized. In addition, all available information as to tenure, occupancy and cost per square foot of state-leased facilities has been assembled.

Facility Locations

State activities as of 1973 were carried out from 603 owned and leased facilities. The distribution of these locations and the agency occupant of each were mapped for each of the 23 counties and the Cities of Baltimore and Annapolis.

The 23 county seats, as already established centers of local government activity, have served as focal points within which most state activities have located. Only in the more urban counties have state facilities been dispersed to any extent beyond the county seats. Rapid population growth has influenced a greater dispersion of state activities in these urbanizing areas. In Montgomery, Prince George's, Anne Arundel (excluding the capital city of Annapolis) and Baltimore Counties, state office locations are dispersed at an average of 31.2 locations per county. Of these, Prince George's County has over 40 different locations for its state agencies. State facilities in the more rural counties are almost completely clustered in or closely around the county seats, though this is not necessarily where the population resides.

Space Utilization

Analysis of this inventory indicated that state agencies as of October 1973 were utilizing 4,484,577 square feet of space at these 603 scattered locations throughout the state. Of this amount, 56.5 percent (2,532,890 square feet) was state owned, 4.2 percent (188,447 square feet) was provided on a gratis basis to the state by other governmental jurisdictions, and 39.3 percent (1,763,240 square feet) was leased from both governmental jurisdictions and commercial sources. The state-owned space included some 985,853 square feet of National Guard Armories. The major portion of the space utilized by state agencies in providing services to the public is obtained through commercial leasing. It has been determined that in 1973 the state's annual expenditure of some $6,533,000 was being paid for leased office space. As of 1974, space leased from both government and commercial sources has increased to 2.1 million square feet, and the annual costs of this space have grown to $8.1 million. Of the 603 locations, it was further determined that 155 facilities were not occupied by state agencies rendering service programs within the definition of this study, such as National Guard Armories, the State Capitol, the State Police Barracks, and institutions. Figure 3 shows the general locations of the 448 service facilities throughout the state.

Public Programs and Services

The initiation of the Public Programs and Services portion of the study began with a review of the state, its constitutional authority, its organization, the lines of management, and concluded with roles, administrative procedures, and implementation programs.

A number of significant findings and problems have been identified during the review which reflect the major shortcomings of the present service delivery system. These were categorically grouped to assist in gleaning better insights as to potential responses. The more significant findings, problems and underlying reasons are summarized.

The existing service delivery system was found to be greatly fragmented.

- The State of Maryland, in carrying out its administrative responsibilities in the area of citizen service, has developed hundreds of programs to meet the needs of its residents. These programs are varied in scope and nature, and organized under the administration of 12 Cabinet-level departments and several independent agencies, boards, and commissions.

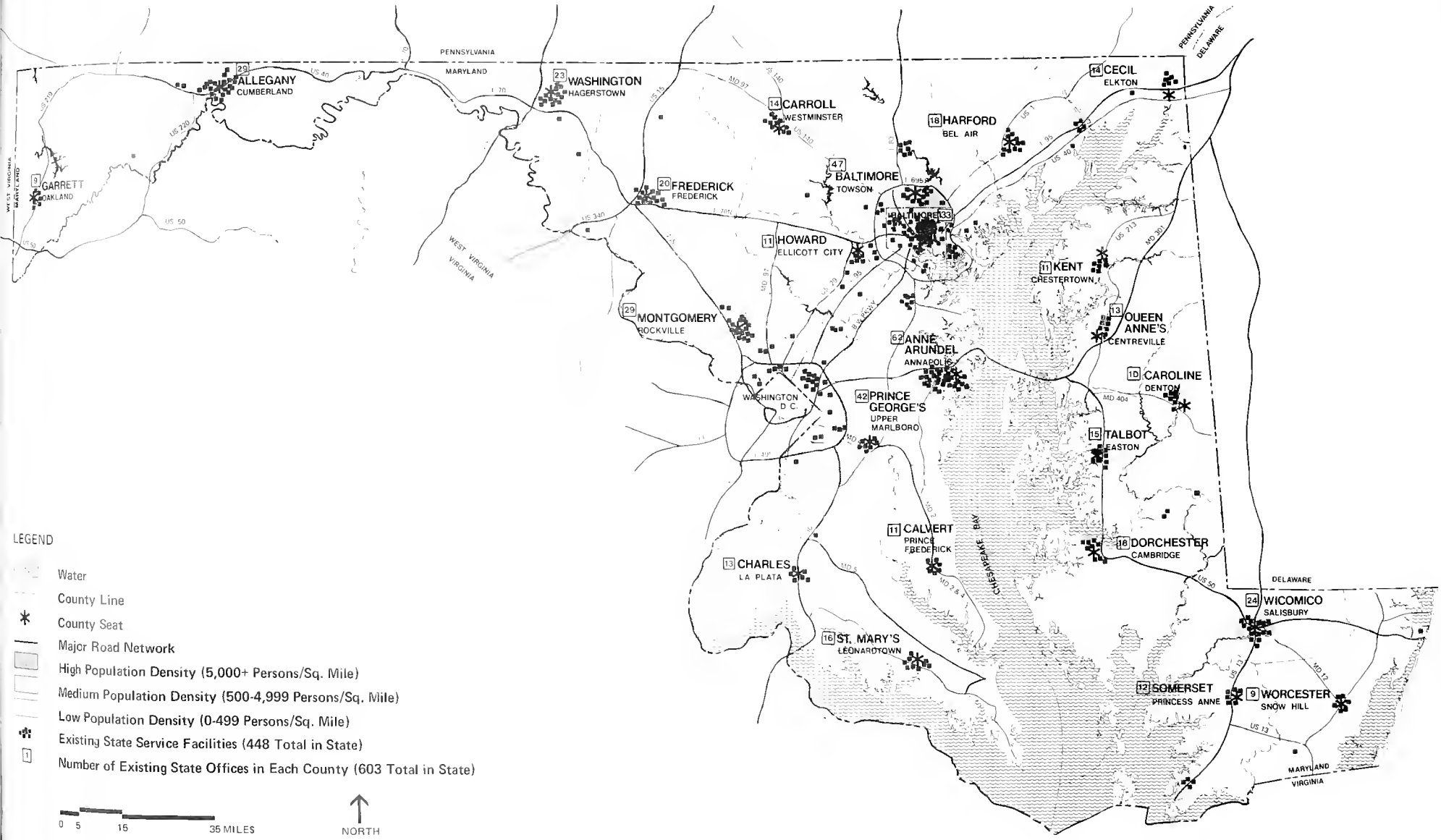


FIGURE 3
EXISTING STATE OFFICES
1973

- The present structure of most service agencies, particularly those delivering direct personal services, reflects a high degree of separation and independence, even though certain of these agencies are under single administration control.
- The history of the state government's response to service needs of the population is generally reflective of agencies developing over a period of time to meet particular problems or needs and, in certain instances, in response to prevailing federal requirements. The result has been, in several cases, the creation of autonomous and specialized agencies capable of dealing with a particular need, but not necessarily with the full range of an individual's needs.
- The programs and services of each department and agency of the state government have been researched, and the survey indicates that some 83 separate programs required direct contact with the public from 448 different office locations, which will increase substantially as a result of the state's recent assumption of responsibility for assessment and taxation, and local social service programs.
- It is noted that each service agency requires separate and distinct client processing, compounded by the present referral system, in response to a person's manifold needs. Experience shows that all too frequently the major achievement of such a system is the handling of more paper than people.

Consistency of service was found to be lacking.

- Differentials exist in various areas of the state as to types of service, degrees of service, adequacy of service, user and state costs, direct and indirect benefits provided, and effectiveness achieved.
- Legislative intent is sometimes stunted or stilted by administrative regulations, and each is interpreted somewhat differently by different staff within the same agency. This is an underlying criticism by the consumer and by government itself.
- Additionally, standards and criteria to formulate support thresholds required for service delivery, such as number of persons to be served per employee providing the service, number of employees per operational unit, anticipation of caseload per program, and evaluation of consumer satisfaction and program achievement, are not established.
- Citizen needs are not qualitatively or quantitatively equated with government requirements for service.
- There is no statewide framework identifying or relating programs to each other or to the people.

- There has been no statewide plan prepared and adopted by the State of Maryland, or any other state in our nation, to guide the location for and delivery of personal services to its residents.
- Mandated program needs have not been translated into facility requirements.
- A major deficiency in state agency/client relationships is the lack of a comprehensive statewide OUTREACH program that provides information relative to ALL services available to residents of the state.
- Many people are totally unaware of the services available to them, and there are no central information offices or outreach programs to fill this gap.
- Many services available to the population are not always used by those residents who need them the most, as the existence of these services or their points of delivery are not always known.
- Citizens are faced with the overwhelming task of securing for themselves the information and assistance they need.
- The public is further confused as to which level of government—local, county, state, or federal—provides the services, compounded by the fact that certain services are somewhat similarly provided to the same client by various levels of government. This is costly, inefficient, and confusing.

Residents are frequently confronted with needed services not conveniently available.

- Restrictions in certain leases of state agencies occupying commercially leased space prevent the programming of evening hours, weekends or holiday appointments convenient or essential to the needs of the public.
- Principal agency offices are sometimes overwhelmed by demand, and the public is confronted by waiting periods in excess of four hours, while others are overstaffed in ratio to their caseload.
- Agency offices frequently must locate on the basis of space availability, sacrificing sensitivity to convenience of location for the population to be served, accessibility to public transportation, interacting needs of other agencies, and anticipated needs related to planning, programming, and budgeting. Expansion potential is mostly limited or non-existent. This forces dispersion with immeasurable costs against both the user and the government.
- The scatteration of agencies represents a bewildering maze to clients in need of government services. Reaching services is time-consuming, frustrating and difficult, particularly to the lower-income, handicapped, elderly, and youths, who do not usually have private transportation readily available to them.

- There are an average of 19 different locations for different state agencies, unsystematically located in most of the 23 counties of the state. Federal, county and local agencies are also dispersed, but in different locations from state facilities, and from each other. There is no instance where within a single county in the state all services of all levels of government are provided to its people.
- There are gaps, overlaps and conflicts in the present delivery system.
- The categorical approach to service delivery has produced much segmentation, confusion, duplication and overlapping of services as individuals must seek assistance from various agencies in various locations. This problem is compounded by the fact that agency personnel often lack sufficient knowledge of other agencies' services to be able to adequately refer clients who need help elsewhere.
- Public agencies have become highly specialized and are well equipped to deal with a particular problem, but not with an individual with many problems.
- In certain counties, the population base cannot support individual agency offices, and the population remains unserviced.
- State policies, standards and programs are not correlated to local needs.

Costly inefficiencies exist, and clients are not always served.

- Agencies providing related services have overlapping data requirements, and there is little evidence that any state mechanism is available that facilitates the collection, consolidation, certification, documentation and sharing of such mutually pertinent data. Consequently, data collection, retrieval, cross-checking and comprehensive integration of information are not practiced on a statewide basis. Agencies are not always knowledgeable as to data availability.
- The lack of uniform reporting and recording makes it impossible to follow any citizen's path through any but the most simple of government programs and thus reduces chances to ascertain the effectiveness of services provided.
- A multiplicity of state agencies may deal with the same problem, such as public safety, in which the Governor's Commission on Law Enforcement and Administration of Justice, the Police, Corrections, Parole and Probation, the Courts, Vocational Rehabilitation and Juvenile Services are involved. This fragmentation causes difficulties for the recipient and compounds the problems of agency and staff interaction, coordination, and communication.

Housing the existing service system is going to become increasingly costly and burdensome.

- State agencies presently use large amounts of county- and municipal-owned/leased space. At the same time, many need more space to satisfy their requirements. This prompts requests that state agencies vacate gratis office space or, if leased, increase their rental payment.
- Not only do levels of service, adequacy, benefits, effectiveness and convenience vary widely throughout the state, but so do costs for an equivalent amount of service within the present system.
- Dispersion of agency location by rote, instead of by plan, incurs unnecessary duplication of expenditures for office rental, maintenance, furnishing, equipment, communication, and travel. Often, divisions of the same agency are scattered, which creates intra-agency problems as well.
- All too frequently, inadequate, inferior, or even sub-standard space is leased because satisfactory space is not available where and when needed.
- There are legislative and administrative conflicts existing between federal, state and local governments.
- The present delivery system of governmental services is basically inflexible and finds difficulty in quick response to new, changing or interrelated programs.

In general, the issue is that as personal lives grow more complex, government faces increased demands. These demands obviously mean increases in personnel, space, equipment, and administrative ability.

The deficiencies in the existing service delivery as described greatly hinder its effectiveness in meeting the ever-increasing service needs of the citizens of Maryland.

CHAPTER TWO
SERVICE NEEDS

In order to establish the location and extent of human service needs, a survey of each agency's caseload was undertaken, and selected demographic and socioeconomic characteristics of the state's population were assembled and analyzed on a state, county, and—for Baltimore City—a neighborhood scale. Although variations in the percentage of population requiring human services were found, significant needs throughout the state were established. It must be recognized that the majority of governmental services are intended for all citizens and do not have eligibility requirements. Realizing the importance of providing conveniently accessible service facilities to all components of the population, the population was projected to the year 2000, and the future patterns of development throughout the state were also examined to provide the basis for long-range facility planning. This enabled the general pattern of need and the most appropriate locations for service facilities to be reflected in the alternative concepts which are summarized in Chapter Three.

Population Trends

Maryland was one of the most rapidly growing states in population between 1960 and 1970. The increase during this period exceeded 800,000 persons. The most rapidly growing areas were the suburban counties surrounding the Cities of Baltimore and Washington. Baltimore City experienced a net loss of over 33,000 persons during this decade. Other older central cities similarly had population decreases, as did certain of the predominantly agricultural sections of the state.

In 1970, some 84 percent of the state's population resided in the metropolitan counties and Baltimore City. Projections indicate that future major population increases will be in these metropolitan area counties. The Washington suburban region, consisting of Montgomery and Prince George's Counties, accounted for approximately three-fifths of the state's population growth and almost five-sixths of the net in-migration in the state between 1960 and 1970. Moves of persons from the District of Columbia into the surrounding suburbs represented a significant portion of this in-migration. The major out-migration from Baltimore City was to the adjacent and nearby suburban counties.

Age Structure

Variations in need for services have been observed among different age groups. Two dependent groups, the young (0-14 years of age) and the elderly (65 and over), generate particular types of service demands. Young adults have represented a proportionately high percentage of persons involved in the judicial system and its related services. A number of health and social programs are provided to the young. The needs of the elderly are receiving increasing attention. Age characteristics obviously affect provision of services and were a key factor in multi-service system planning.

The analyzed differences in age composition vary in areas of the state. The rural counties of the Eastern Shore and Western Maryland reflect the effects of out-migration. Specifically, young persons who leave for job opportunities elsewhere result in fewer younger families and a smaller proportion of children. A significant percentage of the population, therefore, is in the older age grouping.

Despite this, Baltimore City also shows a relatively large percentage of people in the age groups above 50, as well as a large number of persons of college and early working age.

The pattern of distribution of elderly 65 years of age and over shows approximately one-third in Baltimore City, one-third in the largest suburban counties of Montgomery, Prince George's and Baltimore, and one-fifth in the rural areas of the Eastern Shore and Western Maryland.

Suburban counties are predominantly populated by young families composed of parents in the prime working ages, from 25 to 50, and their children in pre-school and school age groups.

The working age population is distributed proportionate to the scale of job markets. The percentage of population in the productive age groups is particularly high

Dependency ratio is a measure developed to relate the ratio of population in the dependent age groups to that of the productive age groups. Review of dependency ratios in various counties indicated that, in general, the more highly urbanized counties have lower dependency ratios (a higher percentage of the population in the active-productive years). In contrast, the more rural counties exhibit dependency ratios considerably higher than the state average. Such a finding does not singularly imply that the dependent age groups in the rural counties present a greater service demand. There are qualitative differences in the lifestyle, family and community relationships of the urban and rural populations that have significant impact on the service demands of the dependent age groups.

Income

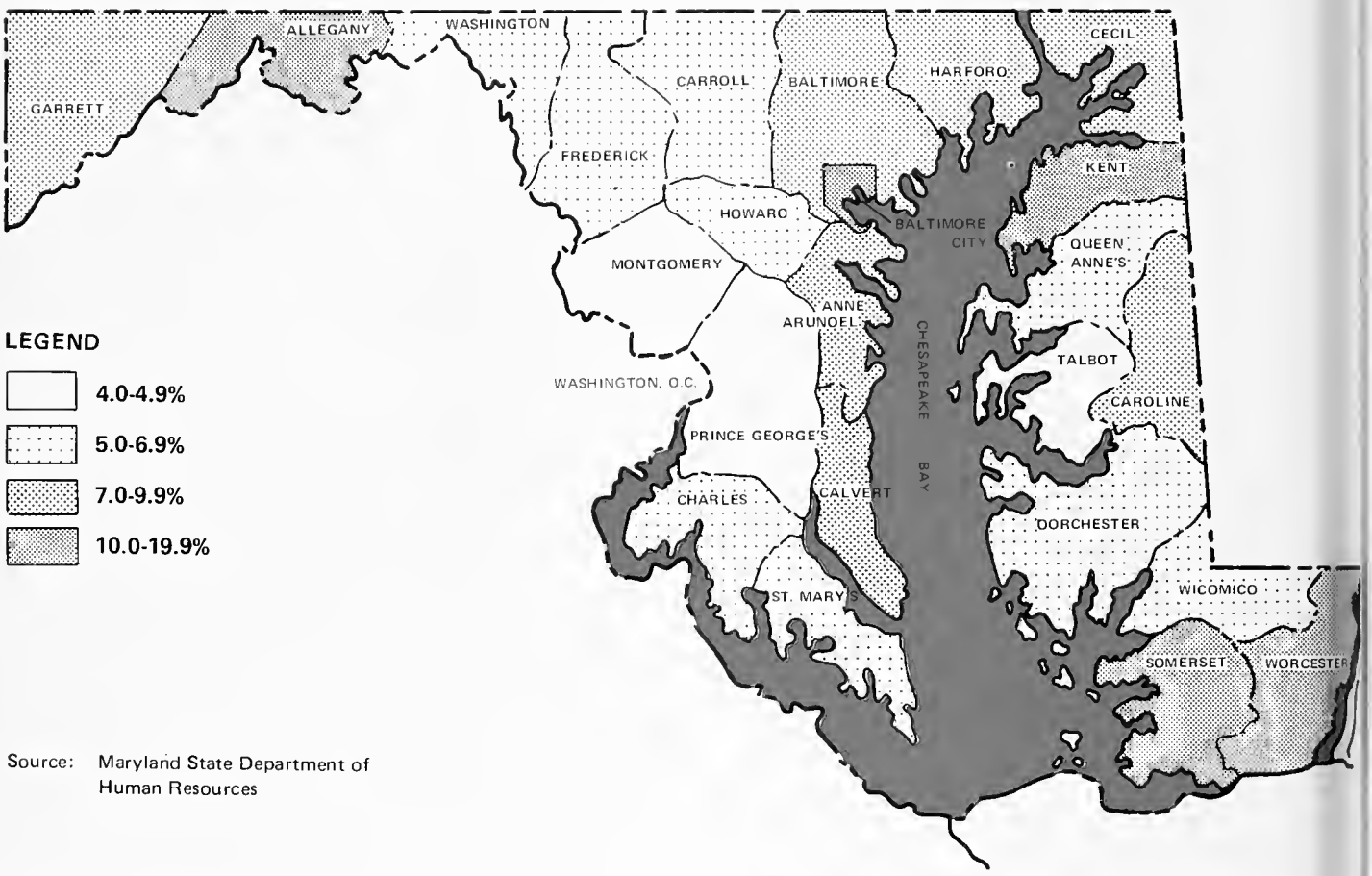
Maryland is one of the wealthiest states in the nation by either income or per capita personal income. There are significant differences in income levels and patterns of distribution from one part of the state to another.

Income Below $4,000

For purposes of this study, family income below $4,000 annually was designated as a measure of poverty. The significance of estimating poverty is related to the fact that generally these families are more reliant on certain governmental services than those who are more affluent.

Although average income in Maryland is quite high, a significant segment of the population lives in poverty. In all, some 102,000 families are within this category. On the local level, Baltimore City has by far the largest number of such families (37,965). Over one-third of the families in the state whose incomes are below $4,000 are residents of Baltimore City.

While the more populous metropolitan counties have a larger number of low-income families than the rural areas, a much higher proportion of the local population in the rural areas has low income. Montgomery, the highest-income county, has far more low-income families than Somerset, the lowest-income county. Examination of both caseload statistics of social services and census data indicate that each multi-service center throughout the state must be prepared to serve low-income needs. There is no area that can be excluded.



Source: Maryland State Department of Human Resources

FIGURE 4
UNEMPLOYMENT BY COUNTY—APRIL 1975

Unemployment

Rates of unemployment in April 1973 ranged from a low of 1.6 percent in Montgomery County to a high of 13.9 percent in Garrett County. In February 1974, the range changed drastically from a low of 4.4 percent in Montgomery County to 24.1 percent in Worcester County. The unemployment rate in the state was 4.6 percent. In April 1975, Talbot County had the lowest percentage of unemployment, 4.0 percent, and Allegany County experienced the highest rate of 19.0 percent. The unemployment rate in the state was 7.1 percent. For the year 1975, in the heavily populated urban corridor, average unemployment rates have been relatively low, with only Baltimore City exceeding 10 percent, as shown in Figure 4. Unemployment has been particularly high in rural areas, especially the Eastern Shore and Western Maryland. Those rural counties within commuting distance of the metropolitan areas have rates of unemployment between the extremes of the rural and suburban counties.

The greatest number of unemployed are in the metropolitan areas, particularly Baltimore City and the Baltimore region. In some areas, fluctuations in the unemployment rate are significant. This produces wide variations in caseload, which to properly respond will require flexibility at service centers. Services to the unemployed via employment and training programs are obviously in dire need throughout the state.

Density

Population density, expressed as persons per square mile, is an indication of concentration or dispersal of population and the intensity of development.

In terms of this measure of demographic assessment, Baltimore City stands out by itself. The density in Baltimore City, 11,465 persons per square mile, is roughly ten times that of Prince George's County, which has the next highest density of 1,365 persons per square mile. Only two other counties have densities greater than 1,000 persons per square mile, Montgomery and Baltimore, with 1,054 and 1,039 persons per square mile, respectively. At the other end of the spectrum, Garrett County, with 32 persons per square mile, has the lowest density in the state.

Maryland evidences extremes in population density. The overall state's population density is illustrated in Figure 5. At the election district level, even greater variations in density are evident. Population concentrations centered around Cumberland, Hagerstown, Frederick and Salisbury, in addition to Washington and Baltimore, are noticeable. Also indicated are isolated areas of very low density, which pose considerable difficulty to service economically. Population density analysis establishes where population is distributed and provides a vital basis for formulating methods to properly serve it.

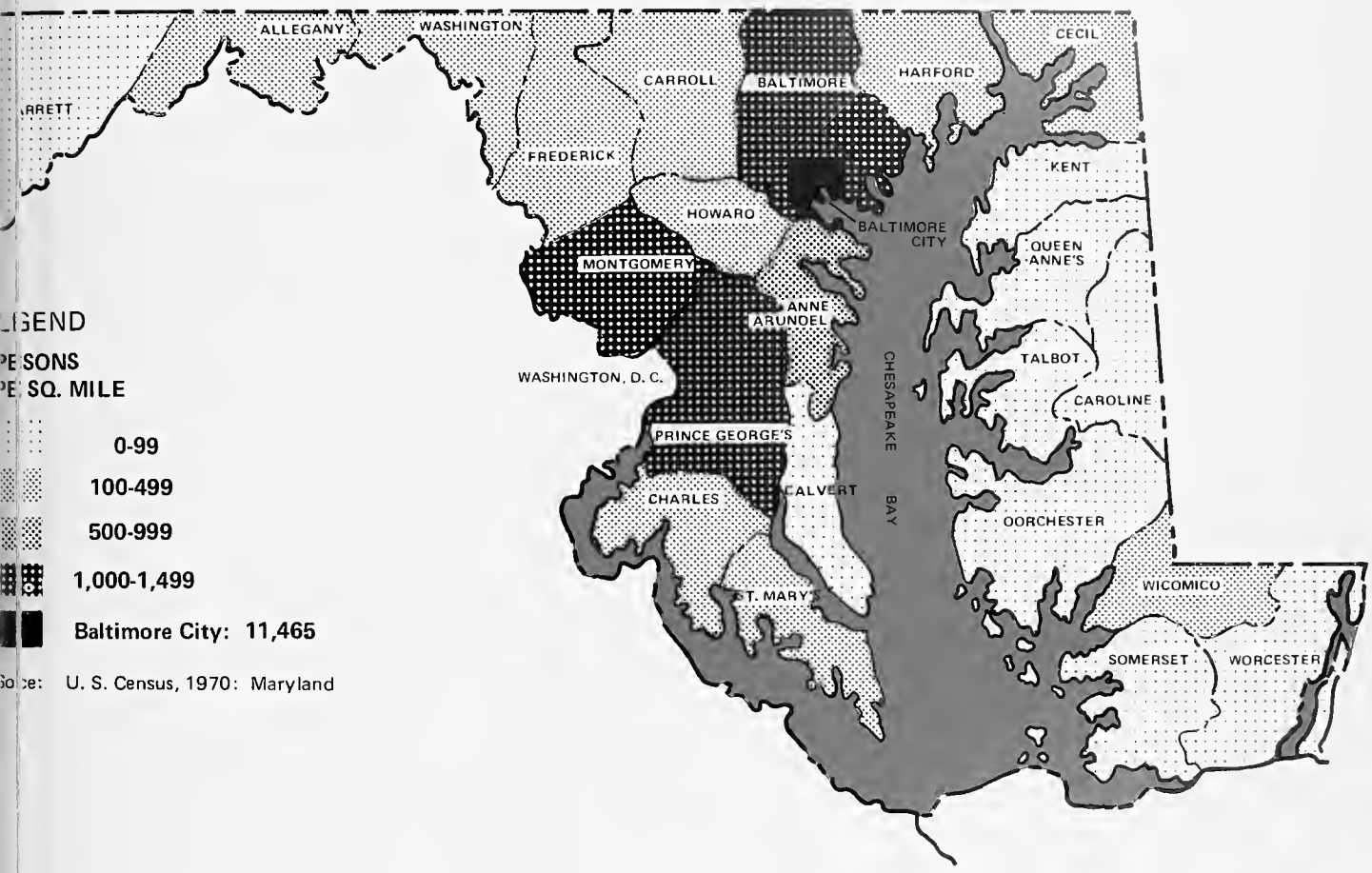
Population density especially affects convenience of accessibility, as well as the size of the service facility. Again, diversity of density has indicated that any statewide multi-service system must be customized for particular areas, and not patently standardized throughout the state.

Population Forecasts

The total population of the state in 1970 was approximately 3.9 million. Based on projections prepared by the Department of State Planning, the state's population will reach 6.2 million by the year 2000. This represents over a 60 percent increase in a span of 30 years. In the interim years, the state's population will grow to a level of 4.5 million in 1980 and 5.3 million in 1990.

By far the most prominent concentration of population will be located in the Baltimore metropolitan area and the two Maryland counties adjacent to Washington, D. C. The combined population of this highly urbanized corridor in 1970 was 3.3 million and accounted for 83 percent of the state's total population. By the year 2000, these two metropolitan areas will contain some 5.2 million persons, or 84 percent of the state's population.

Frederick County and the three counties of Southern Maryland will grow at a faster rate than the state as a whole. These counties are expected to nearly double in



Source: U. S. Census, 1970: Maryland

FIGURE 5
POPULATION DENSITY: 1970

population from 200,680 to 365,720 and increase their proportion of state population from 5.1 percent to 5.9 percent.

In contrast, the remaining portions of the state, comprising Western Maryland and the Eastern Shore, are expected to decrease in proportion to the state's total population from a 1970 level of 11.9 percent (467,660 persons) to a year 2000 level of 10.0 percent (623,190 persons). Worcester County, located adjacent to the Atlantic Ocean, is the only county within these two regions whose rate of growth will exceed the average for the state. State population projections by county to the year 2000 are provided in Table 1.

Statewide Development

The present and future character and patterns of development throughout the state have been examined to determine where the projected population is most likely to be residing within each county. This is essential if multi-service centers are to be located to conveniently serve both the existing and future populations. This analysis has guided formulation of the alternative MSC concepts discussed in the next chapter.

Among significant trends, suburbia will continue to grow along major transportation corridors from Washington and Baltimore, and expand into additional counties. Increased development will occur in the Baltimore-Washington corridor. The established development centers in the rural counties, primarily county seats, as well as high-amenity areas, will experience limited growth. A noticeable trend has been the movement of rural elderly population upon retirement into larger rural communities, and this trend is expected to continue. However, those government seats of suburban counties which are not centrally located or highly accessible are not expected to attract significant development, as the major pressures occur in better located areas, where all services and needs can be met at lower costs. In many instances, suburban development will be at a scale that would make the size of some single-county service facilities unwieldy.

Table 1
STATE OF MARYLAND POPULATION PROJECTIONS TO YEAR 2000 BY COUNTY
TOTAL POPULATION

County	1970	1980	1990	2000
Baltimore City	*903,540*	*833,330*	*837,420*	*840,280*
Allegany County	83,930	84,860	94,840	101,070
Anne Arundel County	299,770	396,870	511,090	616,830
Baltimore County	624,840	703,670	830,740	1,007,310
Calvert County	20,820	27,180	31,340	35,390
Caroline County	19,790	21,180	22,770	22,650
Carroll County	69,450	90,850	112,710	130,270
Cecil County	53,350	63,500	74,800	81,630
Charles County	48,030	65,210	83,590	93,580
Dorchester County	29,400	30,500	33,230	36,310
Frederick County	85,220	104,310	125,250	145,800
Garrett County	21,510	22,830	23,900	26,740
Harford County	116,420	152,650	179,960	203,540
Howard County	63,120	150,510	222,310	309,040
Kent County	16,190	16,640	17,060	18,080
Montgomery County	528,050	639,980	770,230	941,910
Prince George's County	670,970	776,870	955,650	1,189,000
Queen Anne's County	18,470	19,620	20,600	22,090
St. Mary's County	47,610	59,210	76,440	90,950
Somerset County	18,880	19,600	20,600	22,030
Talbot County	23,750	26,270	29,740	33,340
Washington County	104,070	111,000	119,640	132,140
Wicomico County	54,310	60,490	72,200	83,240
Worcester County	24,430	30,430	36,190	43,870
STATE TOTAL	3,945,920	4,507,560	5,302,300	6,227,090

Source: Department of State Planning

CHAPTER THREE
MULTI-SERVICE CENTER SYSTEM ALTERNATIVES

Following analysis of the existing state service delivery system, development patterns and evaluation of the socio-economic characteristics of the population and associated service need, alternative service delivery systems were developed and studied. The idea that each service center would necessarily be the same was disspelled by this analysis.

This chapter identifies the general requirements and the more specific goals, objectives and principles used to guide the development of various alternative concepts. Six concepts were evaluated, and it was determined that the multi-service center concept of service equality not only best meets the criteria, but is also more economical than the present system. This concept was subsequently refined and evolved into the Multi-Service Center Plan discussed in the next chapter.

Basic Requirements, Goals and Objectives

An optimum service delivery system must be responsive to the basic requirements of both those to be served and those providing the service. The system must also be within the public's fiscal capacity. For a new system to become reality, it must be reflective of political, social and operational realities and acceptable to those who shape them.

Key requirements of those needing service include:

- Awareness of what services are available, and where and how to obtain them.
- The ability to get to services within a reasonable time/distance and cost; for the immobile, the services must be brought to them.
- Delivery of services in a satisfactory manner, without excessive delay or cost and with dignity.
- Being helped by the service that is provided.

The operations of those providing the service must be:

- Efficient in the use of space, personnel, and equipment.
- Cooperative and compatible so that a total service response is possible. This includes the voluntary service sector joining with all levels of government—federal, state, and local.
- Flexible to respond and adjust to new requirements presented by changes in public service needs, legislation, programming, and funding arrangements.

Addressing these key requirements, problems in the present service system, and projected service needs, the following goals and objectives have been formulated to guide the planning of a rational alternative system.

Goals

- A service delivery system that is responsive to the existing and projected needs and desires of citizens and which provides equal opportunities for obtaining direct contact service throughout the State of Maryland.
- A service delivery system that affords the public the opportunity to avail itself of public programs and services—local and federal, as well as state—in the most convenient manner.
- Facilities that will provide the opportunity for optimizing interagency coordination and cooperation as they relate to delivery of governmental services to the public.

Objectives

- To achieve public awareness of services provided by the State of Maryland.
- To provide a pattern for standardization, unification and consolidation of facts, data and information pertaining to services provided to the public from all governmental levels.
- To provide a system wherein ease of public access has been maximized, especially for low-income, elderly, physically handicapped, and youths.
- To reduce the problem of interagency coordination and communication occasioned by the scattered location of facilities.
- To achieve, wherever and whenever possible, efficient one-stop service delivery.
- To provide for a system of service delivery which eliminates delays and the inconvenience of understaffed, overutilized facilities in densely populated areas and areas with major service requirements.
- To develop an improved system of state service delivery where programs and facilities are responsive to the needs of the population served.
- To establish a framework for monitoring the effectiveness of a service delivery system.
- To facilitate public-private partnership in serving people.
- To rationalize the organization and delivery of services to eliminate duplication.
- To achieve improvements in service delivery processes where utilization of staff and facilities is maximized.
- To identify a less expensive alternative to the current method of office space procurement and utilization.
- To reduce an individual's cost for availing oneself of services.

- To maximize the personal benefits derived from the expenditure of public funds in the delivery of governmental services.
- To eliminate unnecessary user costs through maximum effective utilization of communication techniques.
- To interrelate, whenever possible, delivery of services within programs and functions that overlap.
- To devise a service delivery system that can link to neighborhood service centers such as those in Baltimore City and Montgomery County.
- To design a service delivery system that can combine stationary and mobile facilities and services in a manner that can respond to changing and unique needs and emergencies that may be placed upon the system.
- To build into the system a technique for anticipating program changes, the innovations that may be required, and the alternative implemental procedures that could be followed.
- To provide for a system that minimizes disruption and inconvenience to programs and operations when a transition within the system is implemented.
- To provide advance information to the administration and the General Assembly as to anticipated impact on the delivery system.

Planning Principles

Both traditional and innovative planning principles and techniques were utilized in formulating responses to goals and objectives. The more significant ones, with implications for the operation, location and design of a service delivery system, are summarized below. They have been grouped to reflect major requirements.

Public Awareness

1. A centralized service should be developed from which clients can obtain information concerning government and non-government public services available to them.
2. A useful aid would be a yellow-pages type of directory of services, which would identify available services and where and how to apply for them. Such a directory could be placed in public buildings, libraries, post offices, and other locations where people are likely to congregate.
3. Development of communication mechanisms, such as toll-free tie lines, would insure that the public can at reduced cost obtain necessary information on available services.
4. A system must be developed for the standardization, unification and consolidation of facts, data and information pertaining to services provided by all governmental and volunteer groups, so that the public can quickly and at one location inform itself as to what services are available.

Accessibility

1. Taking present and future transportation and development characteristics into account, service areas should be established to insure that a significant majority of the population lies within a 20-minute travel time to the fixed service location providing all personal services (Figure 6).

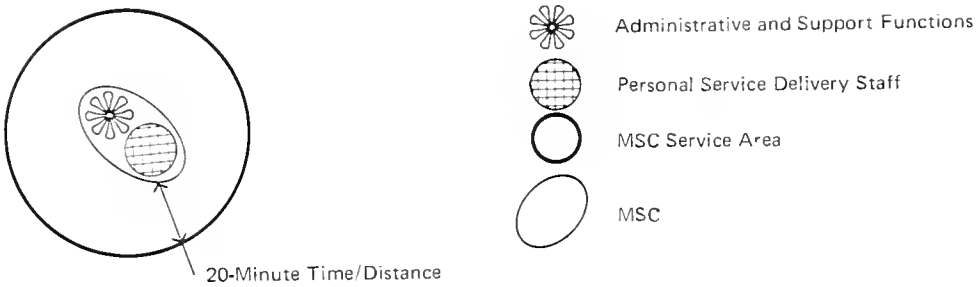


FIGURE 6
FIXED SERVICE LOCATION

2. The handicapped, immobile and isolated population must also be served. Techniques for bringing service to these groups could include:

   a. Fixed administration and service functions, coupled with mobile client contact facilities (Figure 7a), or
   b. Totally mobile multi-service center units (Figure 7b).

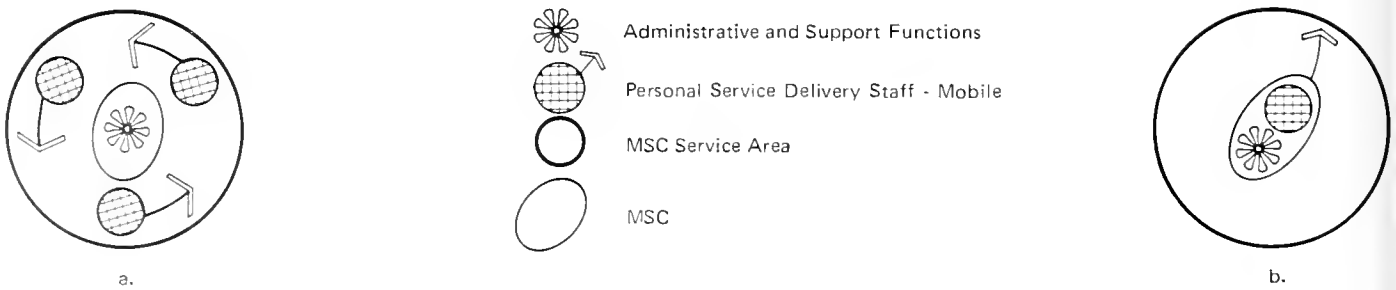


FIGURE 7
MOBILE MULTI-SERVICE CENTER UNITS

3. Proximity to other governmental activities is important, so that coordination and interaction between governmental levels is achieved and service delivery is thus improved. County seats, as governmental and population centers, provide desirable potential locations for service delivery facilities.

Convenience

1. In order to minimize the number of client trips and provide a total one-stop service response, all programs should be co-located. Since responsibility for service delivery is shared, inclusion of federal, local and quasi-public services must be provided for in a service facility.
2. Centers in which services are housed should be designed so that clients can easily locate services and obtain aid in the most expeditious manner.
3. Methods of client processing must enable clients to receive benefits and services in the shortest possible time, minimize repetitive forms and procedures, and permit personalized service.

Compatibility

1. Service locations should be placed near other focal points, such as commercial, cultural, medical and educational centers, and be compatible with local development patterns and priorities.
2. The activities of the multi-service center should beneficially interact and coordinate with complementary programs and facilities available within the surrounding community and service area.
3. Service facilities must be physically compatible with the local environment, architectural scale and style.
4. Facilities should link with and complement existing service delivery efforts sponsored by local subdivisions, such as the multi-purpose centers presently under way in Baltimore City and Montgomery County.

In Baltimore City, for example, a state MSC could provide a full range of services to a particular area, either through programs housed at the MSC, such as the District Court, or by assigning staff on a full- or part-time basis to neighborhood multi-purpose centers operated by the city. Programs most likely to be inclusions of the multi-purpose centers would be human resource services such as Health and Social Services (Figure 8).

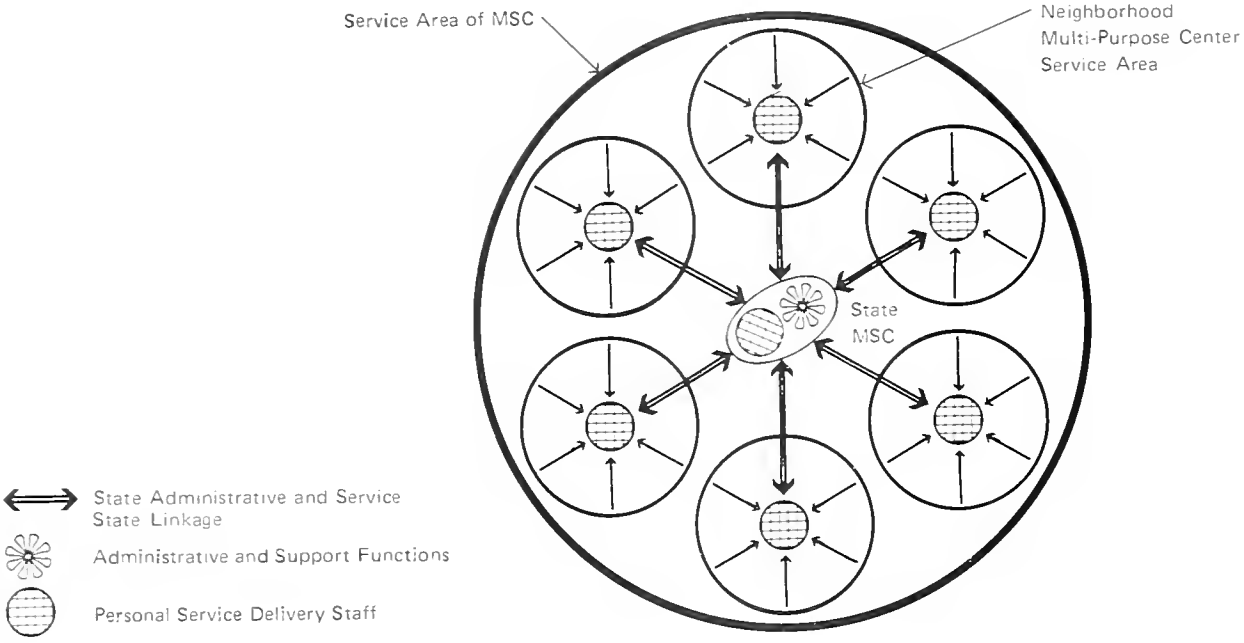


FIGURE 8
STATE/LOCAL SERVICE CENTER LINKAGES

If a neighborhood multi-purpose center does not house a particular program, appropriate information would be available there so that those in need are able to have convenient access to the services they require.

Efficiency

1. Since service delivery is a state and local responsibility, planning and coordination of service delivery should be a collaborative effort in order to avoid gaps and duplication within the service delivery process.
2. The service areas for delivery facilities must contain sufficient or "threshold" population to support all direct contact programs and to provide for full utilization of personnel. This requires a minimum service area population of 100,000 persons based on existing caseload and staffing experience as reported by state agencies. However, within this framework each individual facility should be scaled in size, programs and staffing to matchmate the needs presented by the population to be served.

3. If savings can be realized, existing state-owned facilities should be used if they are efficiently designed, convenient to the public, and meet other requirements deemed necessary for adequate service delivery.

4. Design features encouraging efficient operation and personalized service delivery should be incorporated into facilities housing public service agencies. Juxtaposition of administrative and support personnel with service delivery staff should not dictate the configuration of the system or the design of service facilities. However, the location of each should ensure maximum operating effectiveness and productivity.

5. Unless a dispersed non-direct contact service requires a special location or facility, it should be included within a multi-service center to benefit from shared support services and other economies.

Flexibility

1. The internal layout and operation of a service center must be able to respond to and reflect changing programs and service requirements.

2. Since space requirements for certain programs may increase significantly over time, facilities must be designed with expansion capacity sufficient to accommodate these needs.

Alternative Concepts

The locational implications of the previously defined planning principles are reflected in the following alternative concepts, which, in turn, were evaluated with respect to a consistent set of criteria. These six concepts, including a projection of the existing service delivery system, emerged from a considerable array of plan possibilities and were then further developed, evaluated, and compared.

Concept A: Existing System

The existing system, with its highly dispersed 448 service delivery locations as shown in Figure 3, was the base for comparing other possibilities, and each was evaluated with respect to detailed comprehensive criteria.

Concept B: County Seats

In this concept, county seats are considered as the primary locations for service delivery, and the 448 dispersed state office facility locations of the existing system are consolidated in 24 multi-service centers (Figure 9).

This concept achieves major state and local intergovernmental coordination and most closely relates to the existing system.

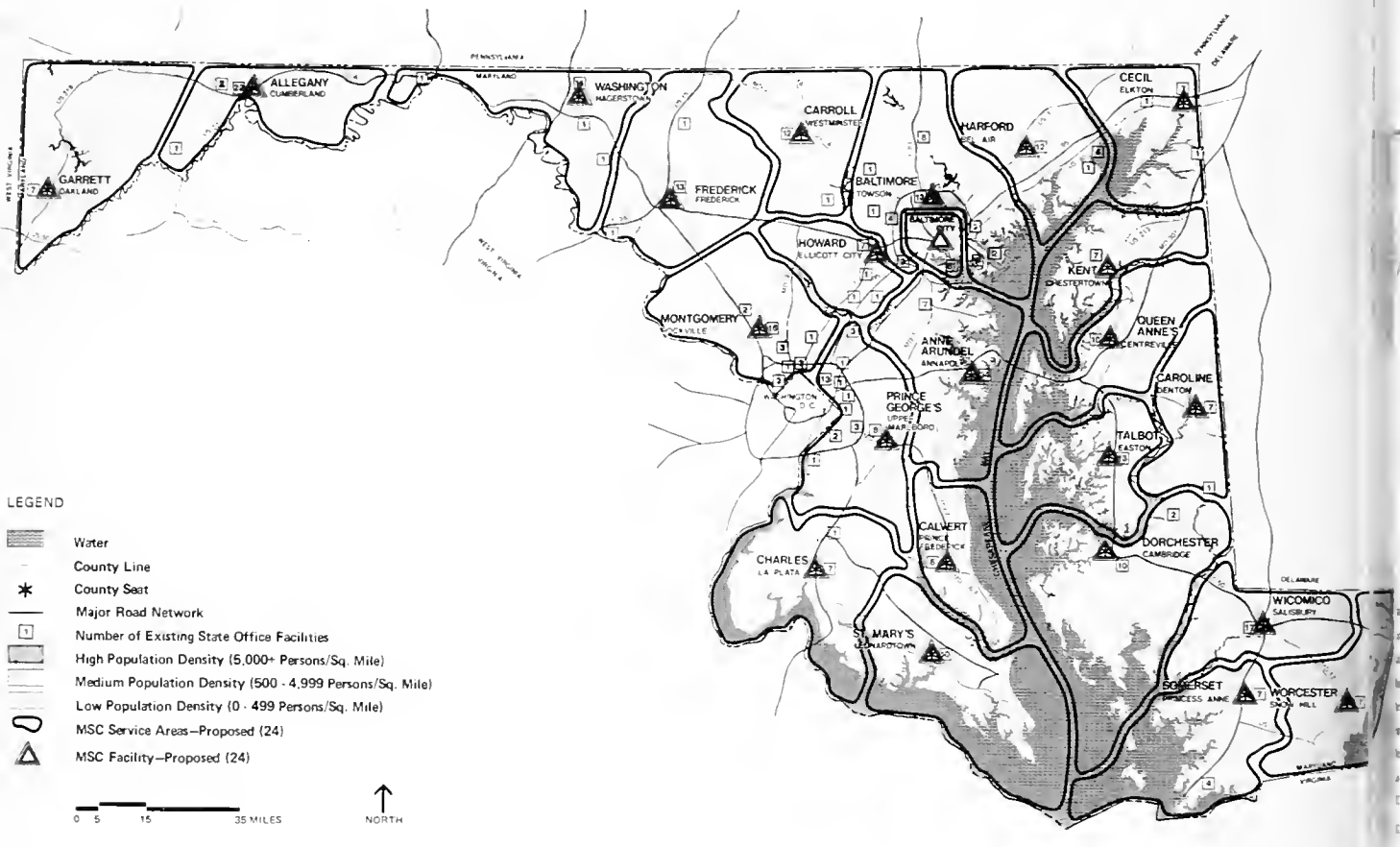


FIGURE 9

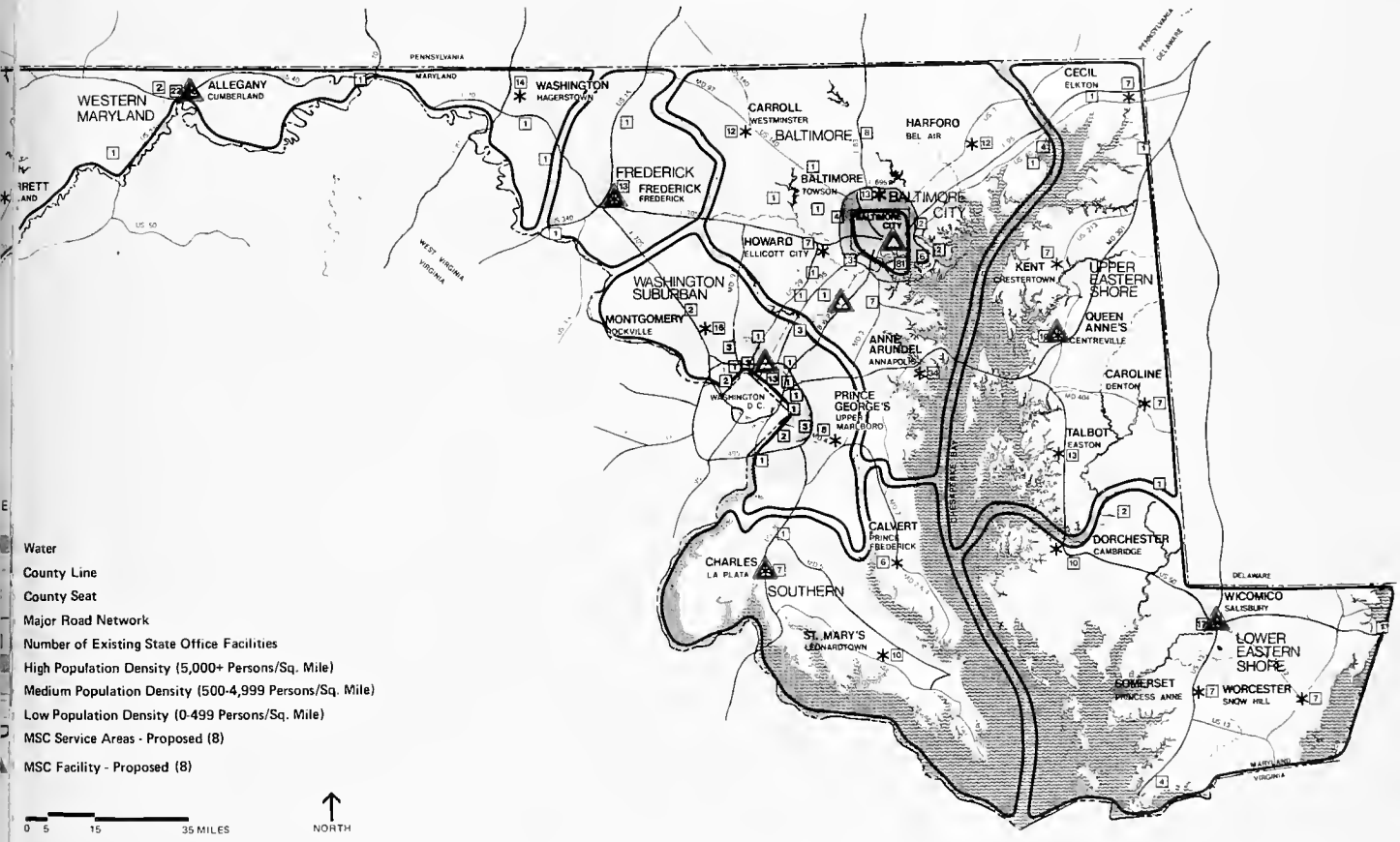
CONCEPT B: BY COUNTY SEAT
Plus Baltimore City

However, the concept is inconsistent with the projected development patterns in certain counties. Several locations are remote from where people live, where major population growth will occur, and where most intense service is needed. Less densely populated counties cannot be economically served under this concept.

Concept C: State Regions

This concept proposes single multi-service center facilities for each of the seven state-defined planning regions plus Baltimore City (Figure 10).

The size of the facilities' service areas permits economical inclusion of all program and regional support functions at the expense of conveniently serving a large proportion of the population. The large size of the centers required in the metropolitan regions hampers effective service delivery.



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ICEPT C: BY REGIONS
Plus Baltimore City

Convenient access — 20-minute time/distance — is achieved for only 56 percent of the population, and opportunity for intergovernmental coordination and total service delivery is reduced to only the seven counties and the City of Baltimore. As with Concept B, it is inconsistent with growth trends and areas where service needs are most intense.

Concept D: Population Distribution

This concept is responsive primarily to density and the geographical locations of the state's population. Seventeen multi-service facilities are proposed statewide (Figure 11).

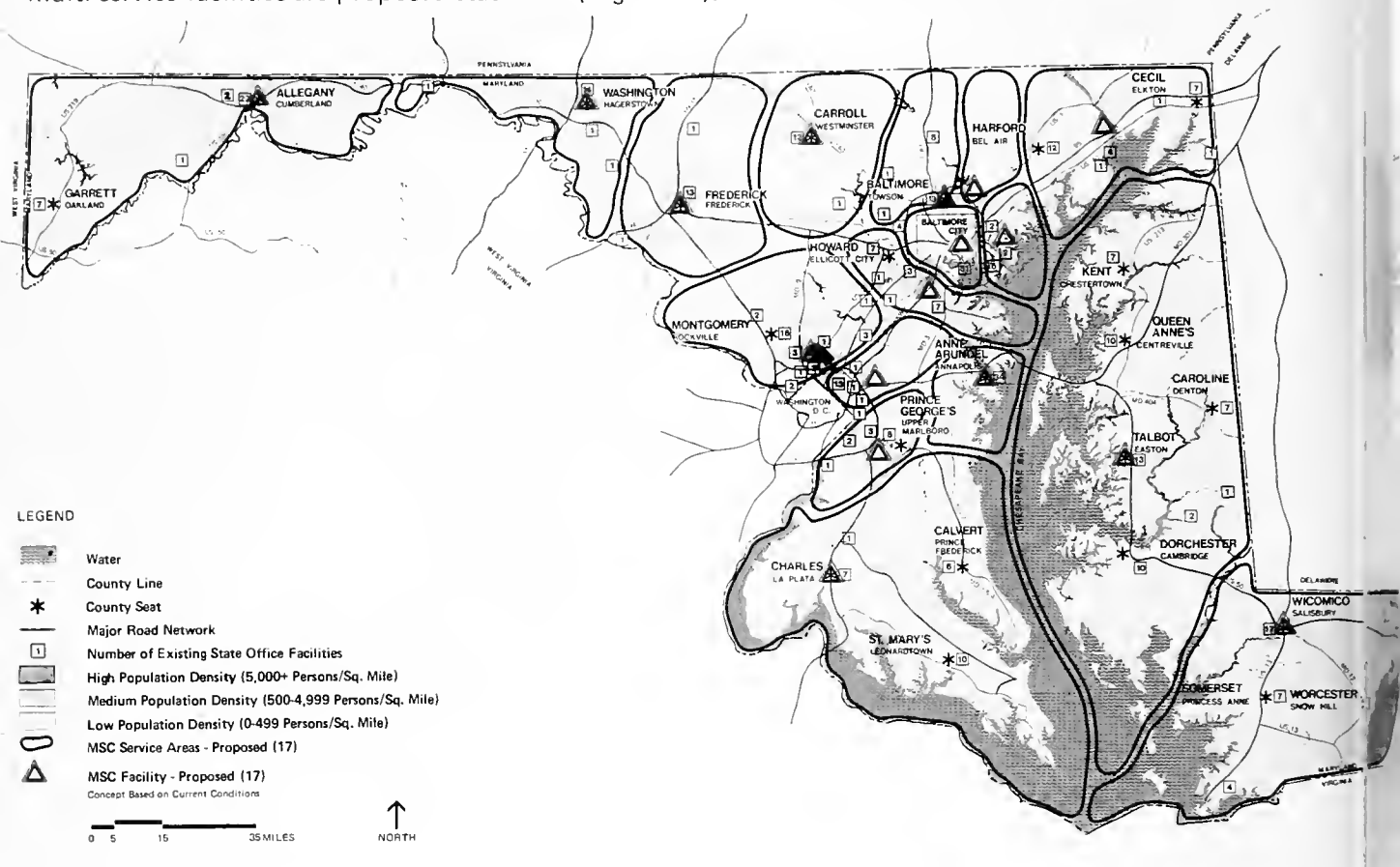


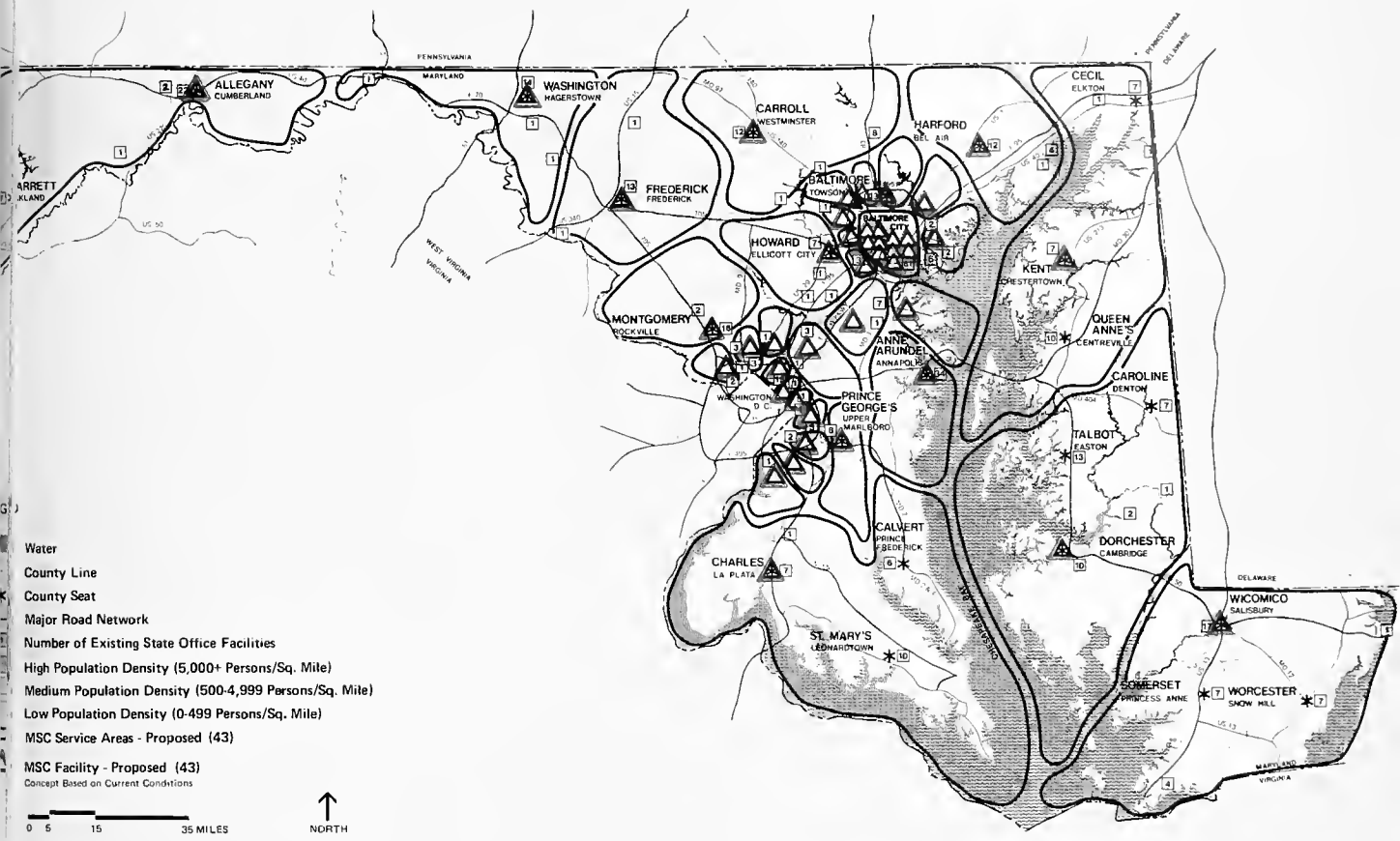
FIGURE 11
CONCEPT D: BY POPULATION DISTRIBUTION

This concept achieves convenient accessibility for 81 percent of the population and provides opportunities for close intergovernmental coordination in over 70 percent of the counties. Conflicts with local plans and policies are avoided, and correlation with population concentrations is inherent in the concept.

Though each population concentration is served by an MSC, the more sparsely populated rural areas are poorly served. Since the concentrations vary from a few thousand to more than one million population, the sizes of centers and functions to be performed within each would vary significantly.

Concept E: Population Thresholds

These multi-service center facilities are based on population levels capable of supporting a full range of publicly-oriented state direct contact programs. The state is subdivided into 43 service areas, each containing about 100,000 people. A single multi-service facility is proposed to serve each population threshold (Figure 12).



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NCEPT E: BY POPULATION THRESHOLDS

Access within 20 minutes is achieved for 88 percent of the population. Conflicts with local development policies and plans are avoided. Correlation with population is inherent. Opportunities for benefit from utilization of common services, facilities and equipment are provided. Consolidation of service programs within a single facility would be achieved at 43 locations.

This concept is only feasible when population threshold levels are reached, and, though 43 multi-service facilities are proposed, opportunities for significant intergovernmental coordination are minimal in the heavily populated urban counties. However, the proximity of service to need is based on the most efficient level of operation.

Concept F: Service Equality

In this concept, differences in population patterns, population densities, accessibility and socioeconomic characteristics are recognized. Incorporated are multi-service center facilities of four varying service and operational levels. This alternative provides 34 multi-service facilities in 25 service areas of the state (Figure 13).

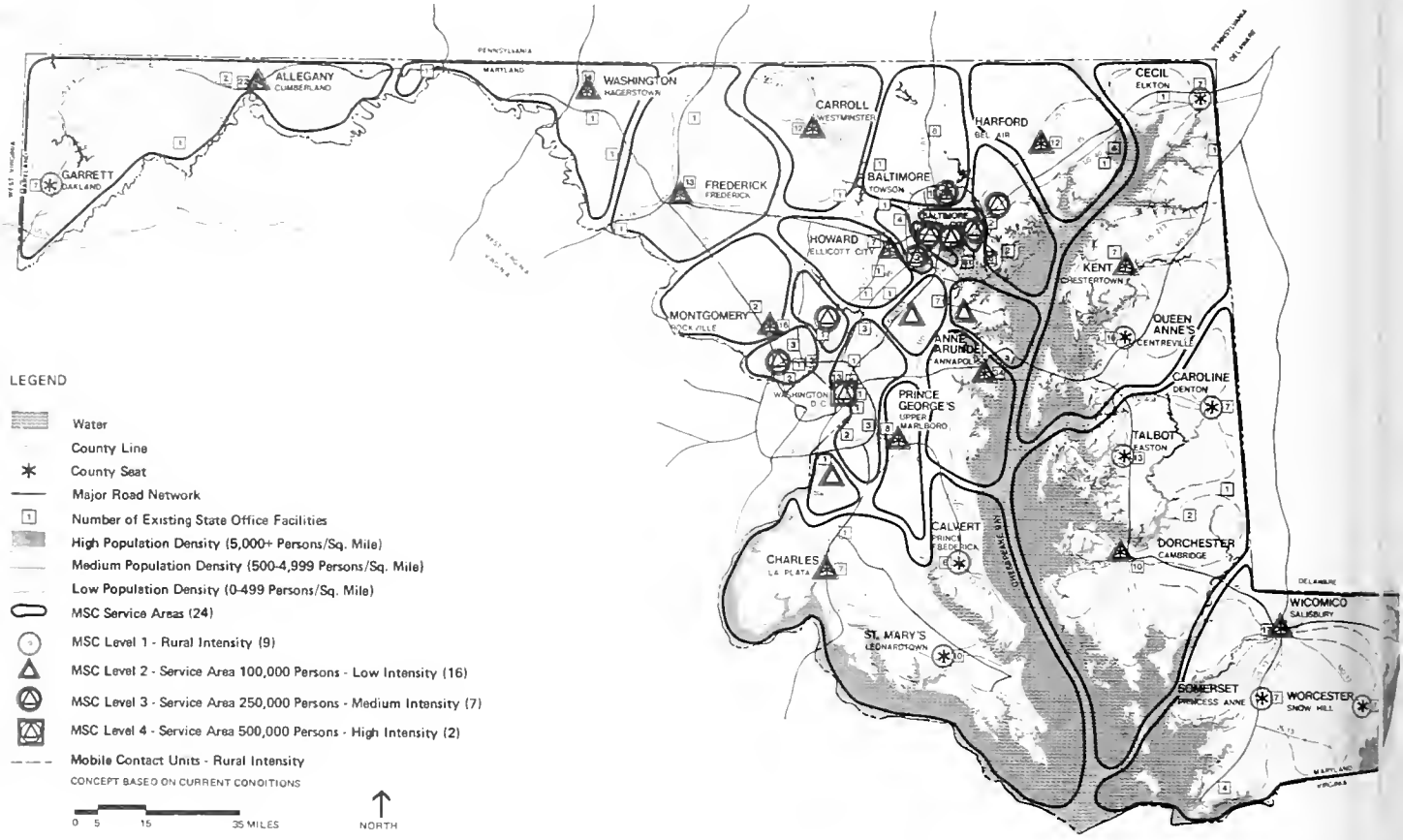


FIGURE 13

CONCEPT F: SERVICE EQUALITY

This concept achieves convenient accessibility to 92 percent of the population. Every county seat is provided with a multi-service facility, maximizing opportunities for intergovernmental coordination and cooperation. Thus, total service delivery becomes possible in all counties. There are no conflicts with local development policies and plans. Correlation with population and growth trends is inherent. Consolidation of service programs in facilities of varying levels matchmates local needs. Utilization of common services, space and equipment is maximized, and a below-threshold level of response is provided, allowing the rural counties to be equally served. The numerous small urban service areas of the previous concept are expanded, but required travel times do not exceed 20 minutes.

Service is more equally distributed throughout the state from fewer centers than under Concept E.

The multi-level, multi-service center concept is a mechanism for achieving state-defined goals and objectives for a service delivery system. It provides the flexibility, adaptability and capability for response to changing needs and programs.

Concept Selection Factors

Selection of a recommended multi-service center system evolved through a successive series of comparative evaluations based upon detailed and comprehensive criteria, plus a series of examinations, to see if the concepts were, in fact, workable and beneficial. Each of the concepts (A through F) initially theorized as a possible system underwent a thorough examination. The following synthesize that evaluation.

Service and Operational Considerations

The objective of this evaluation was to identify and assess the major service and operational advantages of each alternative delivery system concept and to discern the concept most suitable for providing convenient, responsive and satisfactory service to state residents.

To accomplish this purpose, evaluation criteria were developed for comparing system concepts in terms of accessibility, compatibility, efficiency, convenience and flexibility, and for removing less desirable concepts from further consideration.

Each concept's essential advantages and disadvantages were tested by a rating system to determine the degree of

conformity to the evaluation criteria. In application of the evaluation procedure, Concept F, the multi-level, multi-service center system, achieved the highest value accumulation, as shown in Figure 14.

Concept F provides for a response to all levels of service need at single convenient locations, has sufficient flexibility to meet changing conditions, and functions at a

Service Delivery System Concepts	ACCESSIBILITY			COMPATIBILITY		EFFICIENCY				CONVENIENCE					FLEXIBILITY			Ra Va To
	Population	Inter-Government	Goals and Objectives	Local Plans	Physical Consolidation	Central Functions	Service Identity	Threshold Service Level	Multi-Program	Processing	Service Need	Multi-Service Levels	Program Coordination	Changing Need	Changing Programs	Changing Technology	
Concept A Existing	○	◔	◔	●	○	○	○	○	○	○	○	○	○	●	◔	◑	13
Concept B County Seats	◔	●	◑	◑	●	◔	●	○	●	●	◔	○	●	◔	◑	●	44
Concept C Regions	○	◔	◑	●	●	●	◑	○	●	●	○	○	●	◔	◑	●	38
Concept D Population	●	◑	◑	●	●	◔	◔	○	●	●	●	○	●	●	◑	●	48
Concept E Pop. Thresholds	●	◔	◔	●	◔	◑	●	●	●	●	●	○	●	●	◑	●	51
Concept F Service Equality	●	●	●	●	◔	◔	●	●	●	●	●	●	●	●	●	●	62

Legend	Magnitude Rate	Value
●	Meets Criteria to Maximum Degree	4
◔	Meets Criteria to Satisfactory Degree	3
◑	Meets Criteria to Moderate Degree	2
◔	Meets Criteria to Minimum Degree	1
○	Meets Criteria to Unsatisfactory Degree	0

FIGURE 14
CONCEPT EVALUATION SUMMARY

Economic Considerations

An assessment of the economic differences between Concept F and that portion of the existing system providing the identical services indicates that the total costs applicable to Concept F are 22 percent less than those experienced under the existing system in 1970 and 33 percent less by the year 2000. The total costs associated with Concept F include 34 multi-service center facilities providing 50 programs with a combined service delivery and support staff of approximately 15,800 employees.

Projected savings of Concept F over the existing system (Concept A) would have amounted to $54 million annually in 1970 and are projected to be $209 million annually by the year 2000.

Total annual state costs consist of both facility and operational costs. Combined total state and user costs for the existing system and Concept F are as follows:

	1970	2000
Existing System	$244,471,000*	$626,256,000
Concept F	$190,261,000	$417,351,000

* Actual cost.

Reduced State Costs

Annual savings of $3 million in facilities costs are realized from reduced office space requirements. Less space is required for reduced total personnel and increased ability of agencies to share space for common functions previously duplicated at some 448 scattered locations. It is estimated that some 77 percent square feet of office space would be required to accommodate state service delivery employees under the multi-service center concept, as compared to the existing system, in the year 2000.

Savings in total equipment cost of $3.3 million are also estimated in the year 2000 resulting from centralized utilization by the MSC occupants. Substantial savings in telecommunications and automotive equipment expenditures are partially offset by provision for costly special mobile service facilities proposed to serve remote areas and immobile persons.

The savings identified for Concept F result primarily from co-locating state agencies, integration of service programs, and a modified administrative approach to service delivery, which provide the opportunity to more efficiently utilize state personnel. Implicit in this centralized approach to the delivery of state services is a reduced requirement of both new support and new delivery personnel to perform necessary informational, administrative, general clerical, intake, outreach, and provision of needed services. New personnel cost-saving opportunities are enhanced as a result of:

- More effective deployment and management of staff at fewer service delivery locations. The varied locations from which services are presently rendered often require duplication of agency functions, particularly those of an administrative and support nature, which could be eliminated at central locations. This would result in the most efficient use of a lesser number of staff.

- Utilization of automated information and data banking for eligibility determination procedures associated with service programs, which would minimize the staff and time needed for processing and delivery.
- Separation of administrative and service delivery activities, allowing increased caseload and improved service work delivery standards. Central facilities can be expected to provide for greater specialization of activities, with efficiencies and economies to be gained in administrative and delivery staff productivity.
- Centralization of program intake procedures, providing staff generalists for application review and preliminary eligibility processing with respect to the full range of public assistance programs. These functions are currently duplicated among the several social and health service agencies. Service program specialists would be primarily dealing with people rather than paper.
- Reduced numbers of new state employees associated with the MSC delivery system are responsible for an approximate 33 percent savings in costs. An estimated $168 million will be saved under the new concept by employing fewer new employees than for the existing system, both projected to the year 2000.

Reduced User Costs

Under the multi-service center concept (year 2000), users of state services will spend almost $35 million less each year than under the present system (year 2000).

Reduced transportation costs due to more accessible service centers and a reduction in the total number of trips to service centers result in the greatest user savings—$22 million per year. Co-locating service activities allows the opportunity to satisfy several service needs with one service center visit, resulting in an overall reduction in the number of service trips required.

Savings in the number of user communication contacts are about $12 million annually. One toll-free call to a multi-service center will achieve communication contact with all direct contact service programs.

Recommended interview and processing procedures reduce client time spent at service centers equivalent to over $1 million in annual user savings.

Summary of Comparative Costs

A summary comparison of costs between the existing system and the estimates for Concept F follow (Table 2). The investment figures reflect expected debt costs. Recurring figures include rent, maintenance and utilities, but exclude debt service. However, rental costs are not included in the MSC concept, since the 34 centers will be state-owned.

Table 2
SUMMARY OF COMPARATIVE COSTS
(IN THOUSANDS OF 1974 DOLLARS)

	STATE COST (Present)		STATE COST (MSC Concept)	
Cost Item	1970	2000	1970	2000
Facilities (investment)	$ 72.0	$ 289.0	$ 907.0	$ 4,300.0
Facilities (recurring)	5,106.0	14,098.0	3,131.0	7,146.0
Equipment (investment)	577.0	1,478.0	923.0	2,061.0
Equipment (recurring)	3,446.0	10,834.0	2,678.0	6,920.0
Personnel (salaries and benefits)	197,225.0	503,674.0	150,930.0	335,896.0
TOTAL	$206,426.0	$530,373.0	$158,569.0	$356,323.0

	USER COST (Present)		USER COST (MSC Concept)	
Cost Item	1970	2000	1970	2000
Transportation	$ 3,387.0	$ 8,711.0	$ 2,880.0	$ 7,280.0
Out-of-pocket	18,137.0	45,877.0	17,039.0	24,171.0
Time	16,300.0	41,295.0	11,773.0	29,577.0
TOTAL	$ 37,824.0	$ 95,883.0	$ 31,692.0	$ 61,028.0

30-Year Costs Comparison

Total costs of continuing the existing system versus implementing Concept F were estimated over a 30-year development period. It is assumed for the present system facility that equipment and personnel demands would occur in direct proportion to state population growth, and system implementation would take place evenly over the 30-year term. Concept F, the service equality multi-service center system, provides for a significant reduction over time in new personnel and space necessary to serve the future population. Each of the various implementation periods considered for Concept F began with the costs for facilities, equipment and personnel associated with the existing system and gradually replaced them with MSC costs and quantities over the 30-year period. The various rates of implementation examined were as follows:

Existing System: Concept A

Implemented on an equal annual basis over the 30-year period.

Multi-Service Center System: Concept F

1. Equally implemented in three ten-year time periods (1970-1980, 1980-1990, and 1990-2000).

2. Moderately accelerated implementation with 60 percent of the system requirements the first decade, 25 percent the second, and 15 percent the third. (Later in the study, this was found to closely approximate the most rapid rate in which the plan could realistically be implemented.)
3. A rapidly accelerated program of MSC implementation, with 85 percent of the system requirements in the first decade, 10 percent in the second, and 5 percent in the third.

Values resulting from the analysis indicate that the total expenditures for service delivery over the 30-year period would be almost $8.2 billion under the present system. A total of $897 million could be saved if the MSC concept were implemented in three equivalent ten-year periods; an additional $98 million, for a total of $995 million, could be saved by implementing MSCs at the moderately accelerated rates; and $1.1 billion could be saved for the rapidly accelerated rate. Total concept costs are shown in Table 3.

Table 3
TOTAL 1970-2000 CONCEPT COSTS
(1970 CONSTANT DOLLARS IN MILLIONS)

System	Implementation Rate (% Decade)	30-YEAR CONCEPT Operating	Capital	Total
Existing	Equal Annually	$8,172	$ 2	$8,174
Multi-Service	33/33/34	7,129	148	7,277
Multi-Service	60/25/15	7,031	148	7,179
Multi-Service	85/10/05	6,932	148	7,080

Concept Findings and Selection

Significant potential was evident in the equality of service concept utilizing multi-level, multi-service centers over other concepts evaluated in virtually every area of investigation. The major advantages associated with the MSC concept resulting from all evaluations are summarized as follows:

- Provides for satisfactory response to all levels of service needs at conveniently accessible single locations.
- Functions at a scale that offers maximum efficiency of operation.
- Achieves state-defined goals and objectives of a service delivery system.
- Can provide for major visual and service identification through consolidation of services into state buildings.
- Is capable of providing central outreach, central intake and support activities.
- Has sufficient flexibility to meet changing conditions and needs.
- Effects significant cost savings to the state and the service recipient.

The equality of service multi-service center concept was selected from all alternatives as the prime candidate suitable for detailed programming, planning, and design.

CHAPTER FOUR
THE MULTI-SERVICE CENTER PLAN

The Multi-Service Center Plan for the State of Maryland provides for a system of multi-service centers for the delivery of state, federal and local services. Local and federal direct contact programs are encouraged to be an integral part of the MSCs to maximize the centers' effectiveness and benefits to the people. Each MSC is designed to meet the government service needs of the population within a delineated service area.

Though multi-service centers are intended to be as comprehensive as possible in the consolidation of state service activities, including those services needed by the general population as well as the more specialized services, there is a recognition that not all state functions are essential inclusions for optimum multi-service center operations. The criterion for program inclusion is direct personal contact between the agency and recipient in delivery of the service. Additional state functions involving general administration, research and other operational support activities could be included within the MSC facilities, but are not considered essential to service delivery objectives.

A full range of state direct contact services would be available in or from every multi-service center. Program operations would vary in relationship to the level of activity which the service area population requires and could sustain. Four operational levels of MSCs are proposed to respond to the various population and development characteristics evident throughout the state as forecasted to the year 2000.

The full dimension of the MSC goes beyond the government service center function to include activities of non-profit and private enterprise organizations. Community service groups whose functions are designed to aid citizens with needs not addressed by the government service sector, as well as convenience retail and other commercial activities to serve the users of government services, are incorporated within the MSC context.

A basic assumption of the MSC Plan is that, through co-location of service delivery agencies and programs, the needs of state residents can be addressed in a complete, convenient, efficient and satisfactory manner, reducing duplication of agency activities, improving interagency coordination and communication, and providing opportunities for a more economical operation of state agency functions. Benefits to service recipients accrue in terms of convenient accessibility to a full range of government programs from which their total needs can be satisfied. The major features of the MSC Plan are as follows:

Multi-Service Center Operational Levels

The plan firmly establishes that a standard or typical multi-service center to be identically repeated throughout the state would be inadequate to respond to the range of circumstances and conditions found to exist, as well as those forecasted. Therefore, various levels of MSCs are proposed to reflect the general level of program operation that can most appropriately be sustained within a planned service area. The system also provides the opportunity for a client to obtain service at any MSC, regardless of residential location.

Multi-service centers range in scale from an MSC Level 1 to an MSC Level 4, and each requires a corollary increase of support population to sustain applicable program operations. Based on existing caseload and staffing experiences as reported by state agencies, a population of approximately 100,000 persons is estimated to be required to support a full range of direct contact MSC programs. This threshold population is reflected by the MSC Level 2. The increased size and operational scale of the MSC Levels 3 and 4 reflect a larger service area population which is consistent with the service demands of urbanized areas of the state. Less-than-threshold populations distant from an MSC Level 2, 3 or 4 are served by the MSC Level 1. The following are the purposes and general functions of the various MSC levels.

Level 1 MSC

At this level, the MSC is a totally flexible facility responsive to localized needs and conditions. It functions in conjunction with other-level MSC facilities to provide a full range of state programs where service need does not warrant full-time staffing for all programs.

A Level 1 MSC can range in size from a very small contact-station with a communication link to another-level MSC within the service area, to a larger office with permanent and part-time staff. The smallest facility might be appropriate for sparsely populated and remote areas. In such instances, the provision of service can be provided through the scheduling of appointments and/or arranging of transportation or use of mobile MSC units to bring the services to the people.

The largest Level 1 MSCs would serve rural counties with populations not exceeding 50,000 persons by the year 2000 and would be located at the county seat. Even these would have their operations coordinated with other-level MSCs. Their resident staffs would be augmented by staff assigned on a part-time or scheduled-appointment basis from the larger MSC. This sharing arrangement allows the personnel and building size to be reduced below that of the other centers and directly scaled to the population to be served.

With central information, central outreach and central intake services provided on-site, the Level 1 MSC would provide greatly increased service availability and quality to its client population than is presently available or would be otherwise.

Level 2 MSC

The Level 2 MSC represents the threshold level or minimum size for a facility to effectively sustain all state direct contact programs and services recommended for MSC inclusion. Locations for MSC Level 2 facilities range from the rapidly developing areas adjacent to the highly urbanized Baltimore-Washington corridor to the older communities in less populated regions of the state. The Level 2 facility locations have a service area of approximately 100,000 persons.

Level 3 MSC

Level 3 MSC facilities are more than double the Level 2 in size and are scaled to serve a high-density service area population of approximately 250,000, accessible within the 20-minute time/distance standard. Level 3 MSCs are best suited for the high-density suburban areas as found immediately adjacent to Washington, D. C., and Baltimore City. The full range of government, non-profit and private enterprise activities could effectively function in Level 3 centers, as could regional activities, to support certain state government operations.

In certain areas, Level 3 MSCs will develop to full-scale operations through an evolutionary growth process in direct parallel to growth in population. Initial MSC facilities could be established in these areas when a Level 2 threshold population is first reached, and then ultimately expanded to meet the maximum growth attained.

Level 4 MSC

The largest physical and program scale proposed for an MSC is the Level 4 facility. A center of this size will provide to a population of 500,000 the same number of program services as a Level 3 MSC, but will require the greatest number of employees and square feet of building space. The resulting complex equates with high metropolitan densities where a large population resides within a small geographical area. A Level 4 facility would likely occupy more than a full city block, would be a high- or medium-rise structure, and would require multi-level parking.

Because of these requirements, the Level 4 should be implemented only when larger site requirements for Level 3s cannot be feasibly acquired. There are no anticipated advantages in an MSC of Level 4 size. On the other hand, smaller-level centers will gain from more convenient communication, coordination, and interaction.

Multi-Service Center Locations

The Multi-Service Center Plan proposes 44 consolidated service facilities of varied operational levels within 34 delineated service areas of the state. The geographical distribution of MSC facilities reflects needs and growth patterns indicated by population and socioeconomic projections, development plans and policies of local jurisdictions, existing and proposed highway networks, and accessibility time/distance measures. In recognition of intergovernmental service requirements, an MSC is located at each of the 23 county seats.

The statewide MSC Plan is illustrated in Figure 15. The rural regions of Western and Southern Maryland and the Eastern Shore reveal the larger service areas dominated by MSC Level 2s at the most central and largest county seat, providing support to Level 1s located at the remaining county seats. The more populous counties of Washington, Frederick and Charles are single-county service areas best served by MSC Level 2s situated at their county seats.

The suburban counties surrounding Washington, D. C., are served principally by MSC Level 3s centrally located at existing or future population/activity nodes. The less dense upper portion of Montgomery County is served by an MSC Level 2, while Upper Marlboro, the county seat of Prince George's County, is served by an MSC Level 1.

The Baltimore region requires the greatest variation in center sizes, ranging from the MSC Level 4, providing service to the heart of Baltimore City (or the alternative of two MSC Level 3s if adequate sites are available), to rural southern Anne Arundel County, served by an MSC Level 1. The remainder of Baltimore City and the major population concentration within Baltimore, Anne Arundel and Howard Counties would receive Level 3 MSCs. Level 2 MSCs would serve the remaining portions of these three counties plus Carroll and Harford Counties.

MSC Service Areas

Service areas are delineated generally with respect to considerations of support population and accessibility. For example, MSC Level 3 service areas incorporate approximately 250,000 persons primarily within a 20-minute driving time. Establishment of service areas assures provision of MSCs in every sector of the state.

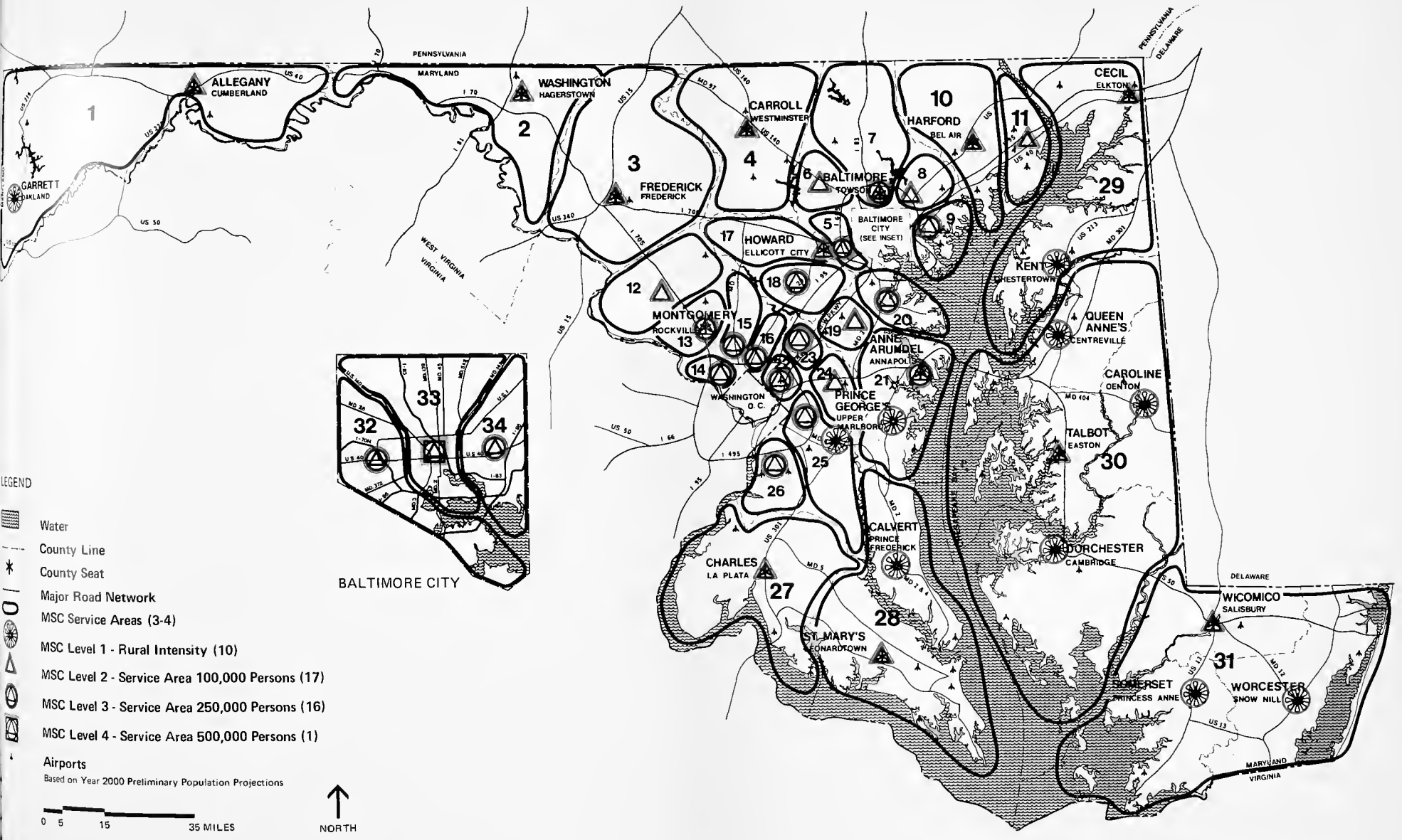


FIGURE 15
THE MSC PLAN

In several areas of the state, due to generally low population densities and the geographical configurations of certain counties, it is necessary for service areas to incorporate more than one county in order to provide sufficient population to support full multi-service center operations. In such cases, the service area was broken into sub-areas, none larger than a county, and served with an MSC Level 1.

The relatively high population concentration and pattern of development found in the Baltimore-Washington corridor requires several service areas to most effectively serve a single county. In such counties, densities were found to be sufficiently intense to provide adequate MSC support populations within relatively short distances.

Multi-Service Center Accessibility

The MSC Plan locates a center with a full range of government services within a 20-minute driving time/distance to 93.4 percent of the state's population (Figure 16). The majority of the state's population, some 57.8 percent, would be serviced by MSC Level 3 facilities. The MSC Level 2 facilities would serve some 24.6 percent of the

FIGURE 16
ACCESSIBILITY – 2000

state's population. MSC Level 1s are limited to sparsely populated and remote areas from the standpoint of accessibility and would provide service for less than 3 percent of the state's population. In each service area, the MSC is appropriately located to serve the largest number of people within the 20-minute accessibility standard established for this plan.

While 404,000, or 6.6 percent, of the state's population are beyond the 20-minute accessibility standard, a 30-minute accessibility radius applied to the MSC locations encompasses some 99 percent of the state's population.

In areas of the state that are either geographically remote from proposed MSC locations or have insufficient population to support an MSC facility, accessibility to state services can be achieved by means other than visits to the MSC; for example, mobile facilities that operate directly out of the nearest MSC could bring a full range of state government services on a scheduled basis.

Additional opportunities for increasing accessibility to needed service for clients in remote areas include utilization of the existing fleet of some 2,400 state-owned vehicles as a method of transportation. The huge fleet of school buses could also be used in off-peak or non-school use periods. (However, this would require federal legislative action.) Specific services could be made available from an MSC directly to persons in need, or the client could be transported to the MSC location.

Table 4
MSC PROGRAM BY LEVEL

Service Area Population (Persons/Norm)	LEVEL 1 Maximum 50,000	LEVEL 2 100,000	LEVEL 3 250,000	LEVEL 4 500,000
State				
Number of programs (+ 10% contingency)	See Foot Note	83	83 + 8 = 91	83 + 8 = 91
Employees/program		2	5	10
Number of employees		166 emp.	415-455 emp.	830-910 emp.
TOTAL AREA (@ 300 s.f./employee)		49,800 s.f.	124,500-136,500 s.f.	249,000-273,000 s.f.
Local Agencies		50 emp.	100 emp.	200 emp.
Number of programs	See Foot Note	15	30	30
Square feet/program		1,000	1,000	2,000
TOTAL AREA		15,000 s.f.	30,000 s.f.	60,000 s.f.
Federal		32 emp.	58 emp.	117 emp.
HEW	See Foot Note	2,500	5,000	10,000
HUD		500	1,000	2,000
DOA		500	500	1,000
DOI		500	500	1,000
IRS		500	1,000	2,000
OEO		1,500	3,000	6,000
Postal		2,000	4,000	8,000
Other Federal		1,600	2,500	5,000
TOTAL AREA		9,600 s.f.	17,500 s.f.	35,000 s.f.
Community Organizations		7 emp.	13 emp.	33 emp.
Number of organizations	See Foot Note	4	5 + community room	10 + community room
Square feet/organization		500	500	500
TOTAL AREA		2,000 s.f.	4,000 s.f.	10,000 s.f.
Private Non-Profit		7 emp.	13 emp.	25 emp.
Number of groups	See Foot Note	4	8	15
Square feet/group		500	500	500
TOTAL AREA		2,000 s.f.	4,000 s.f.	7,500 s.f.
Private Profit		37 emp.	80 emp.	161 emp.
Cafeteria and snacks	N.A.	4,000	10,000	20,000
Financial		3,000	7,000	14,000
Service shops		1,000	2,000	4,000
Photography, notary, reproduction, etc.		–	1,000	2,000
Utilities		2,000	2,000	4,000
TOTAL AREA (+ 10% contingency)		10,000 + 10% = 11,000 s.f.	22,000 + 10% = 24,000 s.f.	44,000 + 10% = 48,400 s.f.
Other Officials		5 emp.	10 emp.	20 emp.
Federal	N.A.	500	1,000	2,000
State		500	1,000	2,000
Local		500	1,000	2,000
TOTAL AREA		1,500 s.f.	3,000 s.f.	6,000 s.f.
Total MSC Area		90,900 s.f.	207,000-219,000 s.f.	415,900-439,900 s.f.
Total MSC Employees		304 emp.	689-729 emp.	1,386-1,466 emp.

NOTE: Scaled to local needs supplement by linkage to MSC level 2 or 3

Size of Multi-Service Centers

The following chart (Table 4) generally provides operational aspects of the various MSC levels in terms of programs, number of employees, and square feet of building space. These reflect the participation of federal, state and local governments; community organizations; private non-profit service groups; private profit activities; and limited space for other officials.

The MSC Level 2 serving a population of 100,000 will contain some 90,900 gross square feet, of which 49,800 would be occupied by state service delivery functions. These figures increase to an average of 213,000 and 130,500 square feet, respectively, for the MSC Level 3, and 428,000 and 261,000 square feet, respectively, for the MSC Level 4.

As established by the MSC Plan, and as indicated on the chart, space allocations and personnel assignments in MSC Level 1s will be individually determined based on specific local needs. Therefore, there is no standard size and scale for the Level 1. Each Level 1 operates in conjunction with a Level 2 or 3 center. The number of employees and square feet of building space for the Level 1s are included with the larger center within which service area the Level 1 is located.

The actual programming of number of employees, space by employee/agency/non-agency and support facilities, plus functional relationships of occupants within an MSC, will be subsequently established in the Master Space Program for the MSC system.

Site Selection

To provide a basis for the evaluation and selection of specific sites for facilities contained in the MSC Plan, standards and criteria have been developed.

Although the MSC Plan does not identify specific sites for the 44 proposed centers, it recognizes that each center must be properly located to conveniently serve the population within its service area. Site selection is one of the most important factors if the benefits of the proposed MSC system are to be maximized. Therefore, the following criteria should be used when MSC sites are selected:

Convenience

Multi-modal transportation:

- Site should be adequately linked with its service area by both highways and public transportation if available.

Special user groups:

- Site should be convenient and accessible to special users such as low-income, elderly, and youth groups, which have greater need for socially oriented programs.

Pedestrians:

- Site should be conveniently and safely accessible to pedestrians.

Employees:

- Site should cause the least amount of relocation or extension of commuting time to employees from their current locations.

Compatibility

The location of the MSC facility should be compatible with relevant land use plans and general development policies of local government.

Proximity

MSC locations should be convenient to other likely destinations of users. Proximity to other government activities, employment centers, business and shopping districts, educational institutions and medical institutions should be given high priority to encourage multiple-use trips by clients, as well as such economies as shared parking, common security services among adjacent activities, and common maintenance.

Site Development

The site should be of sufficient size to accommodate an MSC facility plus necessary parking and landscaping requirements. Minimum and maximum site sizes, reflecting variations in land availability, building coverage, intensity of service demand and auto use, are indicated in Table 5.

The shape of the site should be more or less rectangular and allow a rational and convenient grouping of building, parking and landscaped spaces.

The site should be of sufficient size to allow orderly expansion. This factor is of particular significance in areas where Level 2 MSCs are programmed for upgrading to Level 3.

The Level 1 center is not included because the size of each will vary according to the unique mix of resident staff it can support and the supplementary staff provided as needed from the higher-level facility within its service area.

Community Development

The usual site considerations, such as site preparation and development costs, availability of public utilities and environmental impacts, which are valid for any building site, also apply to sites for MSCs. They are to be applied in conjunction with the criteria and detailed standards developed as part of this study when selecting sites for multi-service centers.

In practice, several potential sites for a recommended MSC location would be evaluated with respect to the

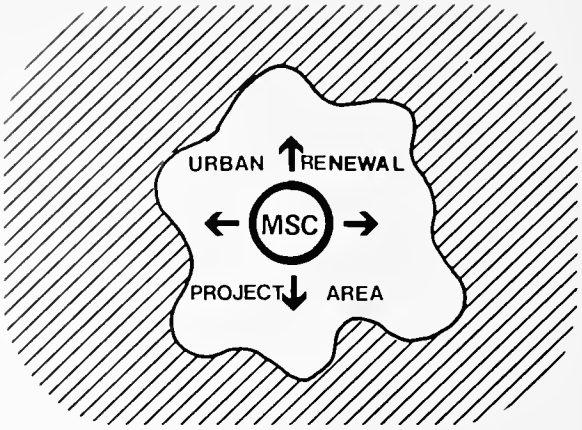
ıble 5
ULTI-SERVICE CENTER SITE SIZE

	LEVEL OF CENTER					
	2		3		4	
	Minimum Site	Maximum Site	Minimum Site	Maximum Site	Minimum Site	Maximum Site
ıilding Type	2 story	1 story	2 story	1 story	High-rise	3 story
ıilding Ground Coverage	25,000 s.f.	49,800 s.f.	62,250 s.f.	136,500 s.f.	62,250 s.f.	182,000 s.f.
ɔen Space (To Include Landscaping)	25,000 s.f.	49,800 s.f.	62,250 s.f.	136,500 s.f.	62,250 s.f.	91,000 s.f.
ırking Ground Coverage	75,000 s.f.	119,200 s.f.	58,700 s.f.	246,000 s.f.	29,250 s.f.	153,550 s.f.
ɔtal Site Requirements for State	125,200 s.f. (2.9 acres)	218,800 s.f. (5.0 acres)	183,200 s.f. (4.2 acres)	655,500 s.f. (15.0 acres)	153,750 s.f. (3.5 acres)	426,550 s.f. (9.8 acres)
ɔn-State Federal, Local, Other (Includes Parking and Open Space)	2.9 acres	10.0 acres	4.2 acres	30.0 acres	3.5 acres	14.7 acres
ɔtal MSC Site	5.8 acres	15.0 acres	8.4 acres	45.0 acres	7.0 acres	24.5 acres

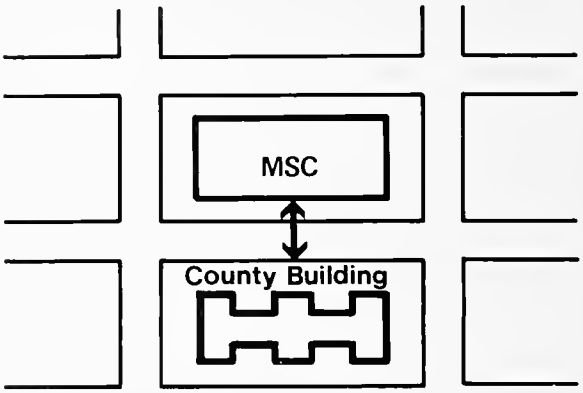
aforementioned selection criteria and standards. The degree to which the various sites conform will be both rated and weighted, and will serve as a basis for determining the most suitable site. Though the highest-rated site might not be selected when such other factors as costs are considered, the use of these criteria assures that the essential requirements of the MSC have been considered in the site selection process and decision.

In locations where timing, nature of development, interest and desirability permit, it may be beneficial to incorporate the MSC or its expansion into existing buildings wherein complementary and compatible activities are provided. In general, areas of new development (when compatible in timing with the MSC design and construction) are the most fruitful for pursuing such joint development proposals.

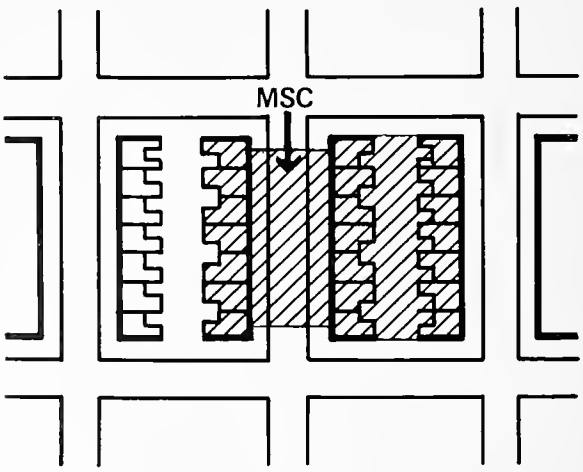
In an urban renewal area, the MSC serves as a catalyst for private development.



By locating an MSC near an existing institution, greater convenience is offered the user.



The rehabilitation of existing buildings can preserve a worthwhile urban fabric . . . The reuse of row houses for office space, and the closing of an adjacent street between row houses for public areas, could be considered.



Relationship to an activity center offers greater convenience for the user.

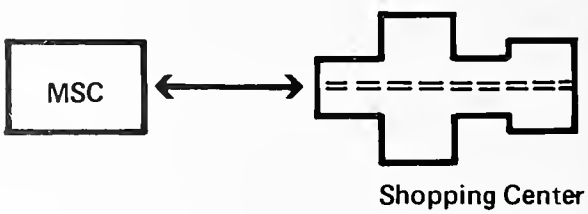


FIGURE 17
MSC LOCATION CONSIDERATIONS

If the MSC is located in a redevelopment area, it can serve as a catalyst for private development. In this context, the building should be visible and strong in statement, demonstrating commitment for an improved neighborhood environment.

The rehabilitation of existing buildings can provide the opportunity to preserve a worthwhile urban fabric. Such possibilities as the reuse of row houses for office space and the closing of an adjacent street between row houses for the MSC public area could be considered. Also, the linking of backs of row houses to form new buildings with historic facades is possible.

Benefits of incorporating MSCs into existing buildings include greater compatibility with the neighborhood, preservation of the neighborhood fabric and worthwhile buildings in the community, and a valuable relationship to an existing institution.

It is important to recognize that each MSC will be an employment center, will attract many thousands of people per year, and will be the hub of government activity. As such, it could provide a significant stimulus to private investment. Therefore, locating MSCs in existing development areas could provide a significant stabilizing and revitalization effect. In addition to providing one-stop multi-service centers, it would provide the public with convenient one-trip access to business, shopping, and cultural areas.

Finally, though a site on the fringe of a developed area might initially be the least expensive candidate, the total long-term benefits to a community in creation of increased values in declining areas, coordination with other state investments such as housing finance, and maximized use of existing public infrastructure must be an integral part of the site selection process.

Several site considerations with respect to development of the MSC are illustrated in Figure 17.

Program and Service Availability

Program components for the planned service delivery system have been evaluated in depth. After consideration of all direct contact service activities of state departments and agencies, a preliminary determination was made as to which programs were most suitable for multi-service center inclusion.

Specific service functions of ten executive departments and five independent agencies are recommended to be incorporated within the multi-service center system. The integration at common locations of current program services is not limited to those solely directed toward meeting human needs, but extends as well to include the more general service needs of the total population. Maximum comprehensiveness in program service availability at state-consolidated facilities is a primary objective

of the MSC system. Several program services considered as activities of MSC facilities are implemented through agencies of local government. In the case of direct contact-related health and social service programs, a shared responsibility exists between state and local governments for financing, operations, and delivery.

State departmental and agency program services considered to be most suited for inclusion in multi-service centers are grouped into general functional categories with the administering agency indicated as follows:

Agriculture

Program
Licensing and inspection, agricultural produce standards, assistance to the farming and dairy industries, and public information for the consumer.
Administering Agency
Department of Agriculture.

Assessment and Taxation

Program
Property assessment and taxation.
Administering Agency
Department of Assessment and Taxation.

Education

Program
Community library services for those who are educationally, economically and physically disadvantaged.
Administering Agency
Department of Education.
Program
Diagnostic counseling, physical restoration, and training and placement services for persons with vocational handicaps resulting from disability.
Administering Agency
Department of Education.

*Employment**

Program
Public employment services consisting of the determination of individual training needs, testing, counseling and placement.
Administering Agency
Department of Human Resources.

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* The responsibility for the provision of employment and manpower services, as provided under the Comprehensive Employment and Training Act of December 1973, can be with either local or state government acting as prime sponsor.

Program
Payment of unemployment benefits to eligible out-of-work individuals.
Administering Agency
Department of Human Resources.

Health

Program
Provision of general local health services, including maternal and child health, communicable disease control, disease screening, emergency medical services, environmental health, and veterinary medicine.
Administering Agency
Department of Health and Mental Hygiene (through agencies of local government).

Housing

Program
Direct low-interest home mortgage loans to individuals and families.
Administering Agency
Department of Economic and Community Development.

Judiciary and Legal

Program
Law enforcement activities of the District Court of Maryland.
Administering Agency
District Court.
Program
Public Defender representation and related services.
Administering Agency
Office of the Public Defender.
Program
Protection of the public from fraudulent schemes and promotions.
Administering Agency
Office of the Attorney General.

Juvenile

Program
Intake, aftercare and probationary service for delinquency prevention, control and rehabilitation.
Administering Agency
Department of Health and Mental Hygiene, Juvenile Service Administration.

Licensing and Certification

Program
Testing, titling, control and issuance of permits and registration necessary for the operation of motor vehicles.
Administering Agency
Department of Transportation.
Program
Development, use and protection of the state's natural resources and boat registration.
Administering Agency
Department of Natural Resources.
Program
Hearings, inspection and investigations relative to industry, labor matters, and insurance companies.
Administering Agency
Department of Licensing and Regulation.

Maryland Tax Information

Program
Information and aid to public on sales and income tax matters.
Administering Agency
Office of the Comptroller.

Personnel Services

Program
Recruitment, counseling and testing of persons seeking state government employment.
Administering Agency
Department of Personnel.

Public Safety and Corrections

Program
Supervision of parolees released from state correctional institutions and probationers.
Administering Agency
Department of Public Safety and Correctional Services.
Program
Investigations to determine the advisability of granting parole, as well as commutation of sentence or clemency.
Administering Agency
Department of Public Safety and Correctional Services.

Program
Fire prevention and inspection activities, including review of building plans and specifications.
Administering Agency
Department of Public Safey and Correctional Services.

Social Services

Program
Activities to socially reintegrate the elderly, including senior aid and senior volunteer programs.
Administering Agency
Office on Aging (through commissions of local government).
Program
Income maintenance assistance to persons without sufficient resources to meet necessary expenditures for daily living.
Administering Agency
Department of Human Resources (through agencies of local governments).
Program
General social services to the poor, including counseling, homemaker services, emergency services, legal services, services to the aged, community services, work incentive services, single-parent services, and services to dependent or neglected children.
Administering Agency
Department of Human Resources.
Program
Assistance for both juvenile and adult offenders in receiving required services to function in the community.
Administering Agency
Department of Human Resources.

Veterans' Benefits

Program
Assistance to veterans and dependents in obtaining entitled aid.
Administering Agency
Department of Human Resources.

These identified programs are not intended to be all-inclusive or limit any future programs from service center participation.

In addition to those services requiring direct contact with the public, there are certain non-direct public contact functions of state government that provide essential services and are suitable participants in MSCs.

Most of these functions are regional administrative offices which supervise the operation of local offices operating in the counties. Examples of these are Circuit Supervisors of Parole and Probation, and Area Administrators of Vocational Rehabilitation. Other regional activities meriting consideration for MSC inclusion are liaison offices of the Departments of State Planning and Economic and Community Development.

Multi-service centers are intended to provide the flexibility for including programs and other functions that require space for finite periods of time. These activities include programs which operate in the MSC only temporarily because of limited-duration funding and uncertain caseload distribution. These circumstances mitigate permanent assignment in one location. Examples of functions in which staff operates within a specific service area and from an MSC only on certain days would be services offered by the State Fire Marshal or Maryland Veterans' Commission. Activities operating on a temporary basis would include certain federally sponsored "demonstration" programs, special studies conducted for a limited period of time, and newly established activities such as the Maryland Automobile Insurance Fund, in which the distribution of caseload in the state is presently uncertain and scale of service needs has not yet been determined.

Non-State Inclusions

As stated previously, local and federal direct contact programs are encouraged to be an integral part of the MSC. Likewise, volunteer and private enterprise activities that provide a related or supplementary service to the government service functions of MSCs are considered to be desirable multi-service center inclusions. However, the housing of non-state activities must be at no cost to the State of Maryland unless otherwise provided under existing or future laws. Such inclusions should be under agreements executed by the Board of Public Works and consistent with the facility program accepted by the General Assembly.

Federal Departments/Agencies

In addition to state service activities, there are federal departments and agencies which also provide direct contact services to Maryland residents. The commonality of purpose among certain federal and state programs that are being provided to the identical consumer group indicates mutual benefits that can be derived from joint participation in the MSC system. Regional functions of the

following federal departments and agencies co-located within an MSC provide the greatest opportunity for state/federal cooperation in the MSC system:

- Department of Treasury
- Internal Revenue Service (IRS)
- Department of Health, Education and Welfare (HEW)
  - Social Security Administration
- Department of Housing and Urban Development (HUD)
  - Federal Housing Administration (FHA)
- Department of Agriculture (DOA)
  - Agriculture Stabilization Conservation Service (ASCS)
  - Soil Conservation Service (SCS)
  - Farmers Home Administration (FHA)
- Department of Interior
- Office of Economic Opportunity (OEO)
- U. S. Postal Service (USPS)
- Others as programs might be restructured or instituted.

Municipal/County

As with federal programs, those local programs which require direct contact should also be in the MSC. In this way, the optimum one-stop service is achieved for all Maryland residents. Representative programs that are applicable include library, day-care center, senior citizen, permit and licensing, housing, legal, mental and informational service.

Private Enterprise

As the focal point of government service in the community, the benefits of center operations can be increased by incorporating charitable and special-purpose, non-profit organizations, as well as retail and other commercial uses related to meeting needs of the government service users while at the MSC. Examples of the types of non-governmental groups that could effectively function within the MSC context are:

Non-Profit

- Local health and welfare councils.
- Adoption agencies.
- Legal aid services.
- Veterans' organizations.
- Private foundations.
- Private juvenile and child-care programs.
- Consumer affairs.
- Union apprenticeship training offices.
- Organizations for the blind and handicapped.
- Youth organizations.
- Senior citizen organizations.

Private Enterprise

- Restaurant.
- Drugstore/pharmacy.
- Photography/photostat shop.
- Notary public.
- Bank.

These activity inclusions will be considered on a rental basis, thereby generating income to the state.

Multi-Service Center System Costs and Savings

The costs and savings for the MSC system were derived from the prior evaluation of alternative concepts. Revisions in the cost figures originally developed for Concept F result from the subsequent inclusion of 33 additional MSC applicable programs, plus an additional 10 centers in the plan. These changes resulted from ongoing research as to service needs throughout the state, plus various department, agency and citizen group comments.

The MSC Plan proposes 44 facilities encompassing some 3.3 million square feet of floor space, with a combined service delivery and support staff of approximately 31,135. The total annual state cost for constructing and operating the MSC system as planned would be $674.9 million, compared to $880.4 million for the expanded existing service delivery system to the year 2000. The savings associated with the MSC system over the existing service delivery system are substantial. An approximate $206 million, or 23 percent, annual cost savings would be realized in the year 2000 as seen in Table 6.

The actual distribution of savings assigned to facilities versus reduced personnel will vary each year, reflective of the degree to which the MSC system has been implemented. During the phasing-in period, repayment of state debt on the capital facilities will be substantially higher than in later years, when construction will be paced principally to new growth rather than system changeover.

It is estimated that the existing service delivery system will incur an annual rental cost of $24 million in the year 2000. Existing service delivery system leased space for the period from 1974 to 2000 is projected to cost the State of Maryland in excess of $405 million. It is significant to note that this leased space cost is nearly two times the estimated construction cost of $274 million for the total MSC system. The current rental expenditure would equate to capital construction for state-owned MSC facilities in excess of $80 million, and these facilities would represent a capital asset to the state for 75 years.

able 6
UMMARY OF COMPARATIVE COSTS
XISTING SERVICE SYSTEM AND MSC PLAN
IN THOUSANDS OF 1974 DOLLARS)

Cost Item	STATE COST (Existing System) Year 2000	STATE COST (MSC Plan) Year 2000
Facilities (investment)	$ 400.0	$ 7,700.0
Facilities (recurring)	$ 23,800.0	$ 12,900.0
Equipment (investment)	$ 2,600.0	$ 3,700.0
Equipment (recurring)	$ 17,600.0	$ 12,400.0
Personnel (salaries and benefits)	$836,000.0	$638,200.0
TOTAL	$880,400.0	$674,900.0

CHAPTER FIVE
MSC—A PROTOTYPE DESIGN

The MSC Plan proposes not only new facilities, but also has developed new methods and procedures by which clients obtain needed services. These procedures, through which services are integrated, coordinated and delivered, represent the essence of the MSC system and by virtue of this paramount position have a significant effect on the design and operation of the multi-service centers. Buildings must be especially designed for accommodation and delivery of MSC services. The unique design and operational characteristics of the proposed MSCs are discussed in this and the following chapters.

Of the four levels of MSC facilities contained in the multi-service center system, the Level 3 multi-service center has been selected for development of a prototypical site plan and facility layout design. Sixteen Level 3 MSCs are planned statewide and will serve approximately 60 percent of the state's total population.

The preliminary space program for the prototype Level 3 MSC includes approximately 135,000 square feet of space devoted to state activities, consisting of 83 direct contact service programs. The specific state program services for which MSC space is allocated include such categories of service delivery as health, social, employment, veterans' benefits, education, juvenile, parole and probation, licensing and regulation, permits and certification, assessment and taxation, public safety, judicial-legal, personnel, and agricultural.

Approximately 17,500 square feet of space are for federal departments and agencies that also provide direct contact services to Maryland residents. Regional functions of the Social Security Administration, Federal Housing Administration, Internal Revenue Service, Office of Economic Opportunity, Department of Agriculture and Department of Interior are felt to offer the greatest opportunity for state/federal cooperation within the MSC system.

Space is also provided in the design of the prototype MSC for use by local program agencies related or complementary to MSC activities. Such uses might include a library, day-care center, senior citizen activity room, or other program space exclusively local in nature.

In addition to the major space requirements of state, federal and local governments, 4,000 square feet are for community organizations, 4,000 square feet are for voluntary organizations, 24,000 square feet are for commercial support activities, and 3,000 square feet are for various officials.

This space programming will be specifically defined and allocated to each MSC occupant in the Master Space Plan and Program which is recommended to be prepared.

Functional Space Relationships

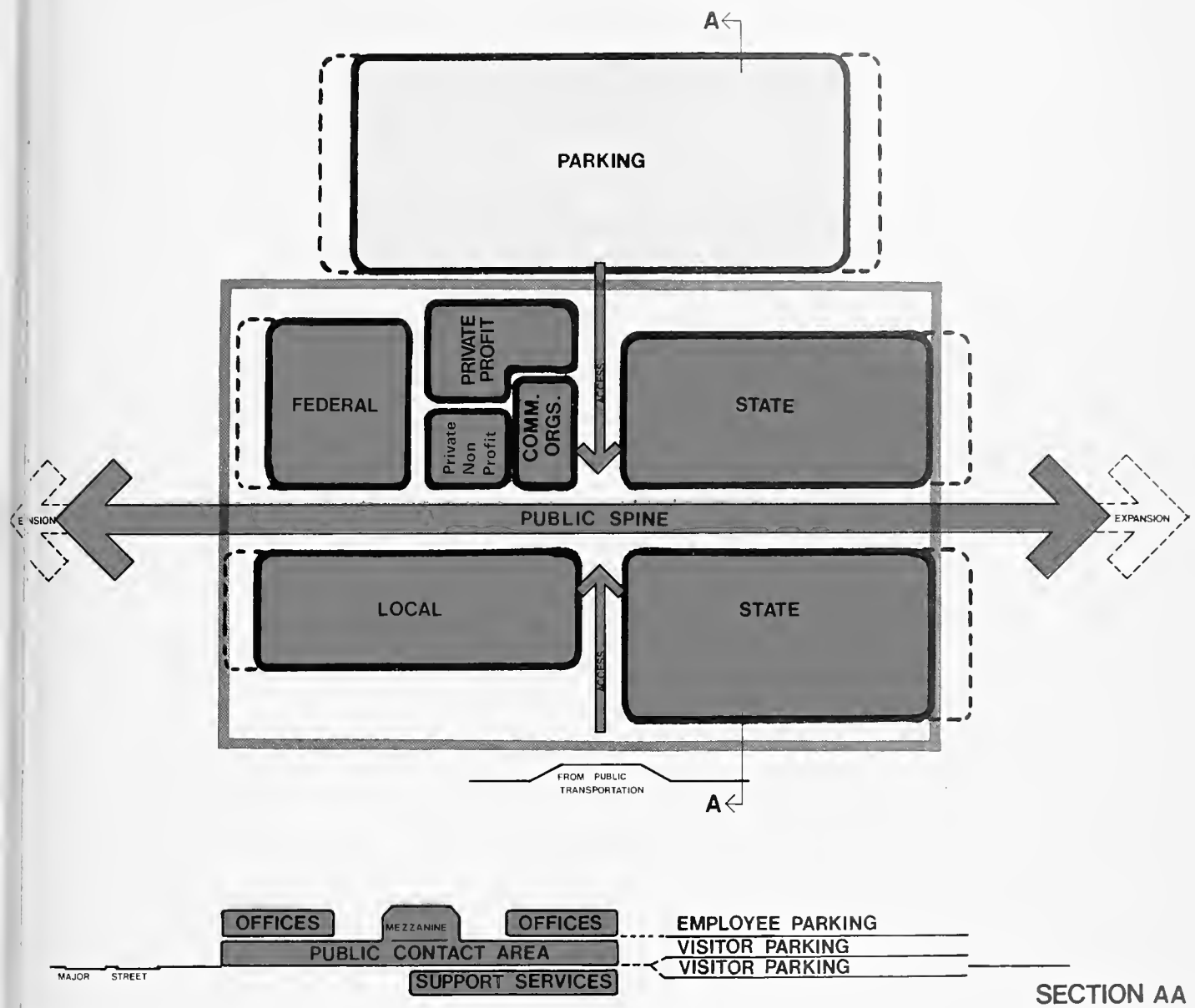
The organization of the MSC interior space and elements has been designed to provide maximum convenience for the user in obtaining needed services, opportunities for agency interaction, and to allow for the change, expansion and growth potential of agency operations. It is primarily predicated upon a cross-axial plan.

All major activities should be located along an open-ended spine that represents the area basically provided for MSC users. This public spine is crossed by a central access spine, and together they create the dual axis of the MSC.

This permits state, federal and local activities to be located on the periphery of the public spine for ease in expansion. Federal, state and local programs must be located in close proximity to each other to allow for ease of interaction in service delivery.

Major access to the public contact area should be direct from both transit and parking, as well as the open ends of the spine. The cross-axial plan for public areas provides for ease and clarity of client circulation.

Figure 18 illustrates the functional space relationships of the MSC.



SECTION AA

FIGURE 18
FUNCTIONAL SPACE RELATIONSHIPS–MSC

Prototype Site Plan

Figure 19 illustrates a conceptual plan for a Level 3 MSC. The MSC is primarily oriented to the major arterial, with the main entrance, bus stop and taxi-auto drop-off fronting this street. This orientation offers excellent potential for ties with existing institutional buildings that might be across the street. The building shape is varied with a recessed entrance that is inviting and receptive to the public.

Landscaping, a public forum, and an outdoor-indoor children's play area are introduced at one side of the entry. These help to integrate the MSC both physically and functionally with the surrounding community of which it is a part. Decked parking is located at the rear, with vehicular access from both local streets. Parking is provided for approximately 740 cars, five buses, and five vans. A separate and private vehicular access is provided for the District Court and its security area, as well as for support services and deliveries. A multiple test track area (driver's examination course), which is required for driver licensing, and a stacking area for peak periods are also provided. This illustrates how the Motor Vehicle Administration can be compatibly integrated within an MSC where such inclusion is in accord with the MVA's statewide facilities plan.

The employee parking area on the top deck has two entrances via two bridges connecting the parking deck directly to the second-floor offices. These bridges also serve as protective covers for the visitors parking on the grade level and entering the MSC.

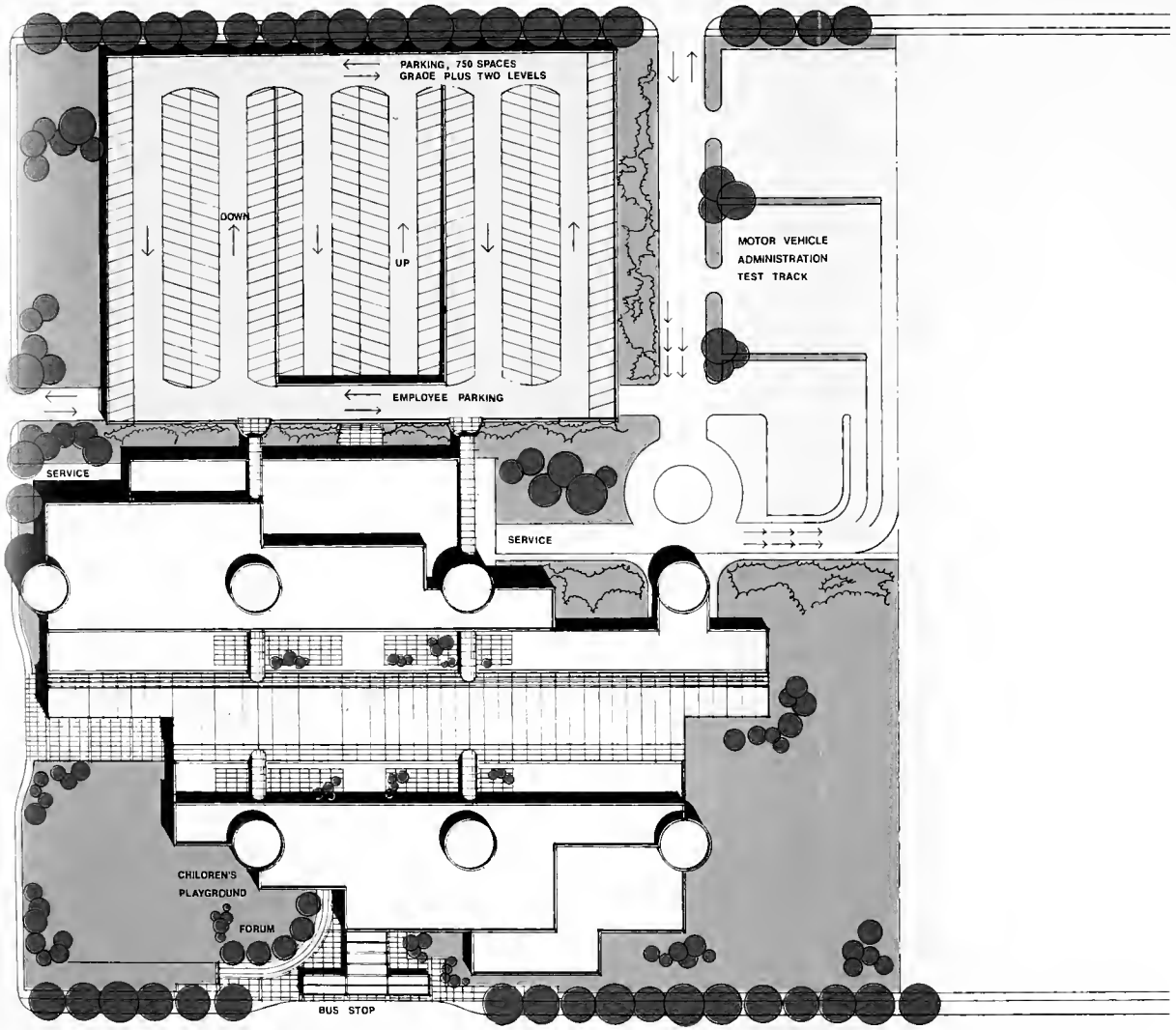


FIGURE 19
SITE PLAN

First Floor Plan

All major public contact areas are located on the first floor for maximum consumer convenience as shown in Figure 20—First Floor Plan. MSC visitors enter the building from the parking areas provided at the rear of the building, from the bus stop and main pedestrian entrance at the front of the building, or from entrances located at the sides of the building. All entrances lead directly to the central public activity space, where the information and reception center is located. This is the primary location within the MSC for obtaining all forms, program catalogs, general information concerning service availability, and directions to other service delivery stations within the MSC.

Figure 21—Lobby/Spine depicts the lobby and public spine immediately inside the main entrance area of the MSC, revealing the information center as the most prominent area of identification.

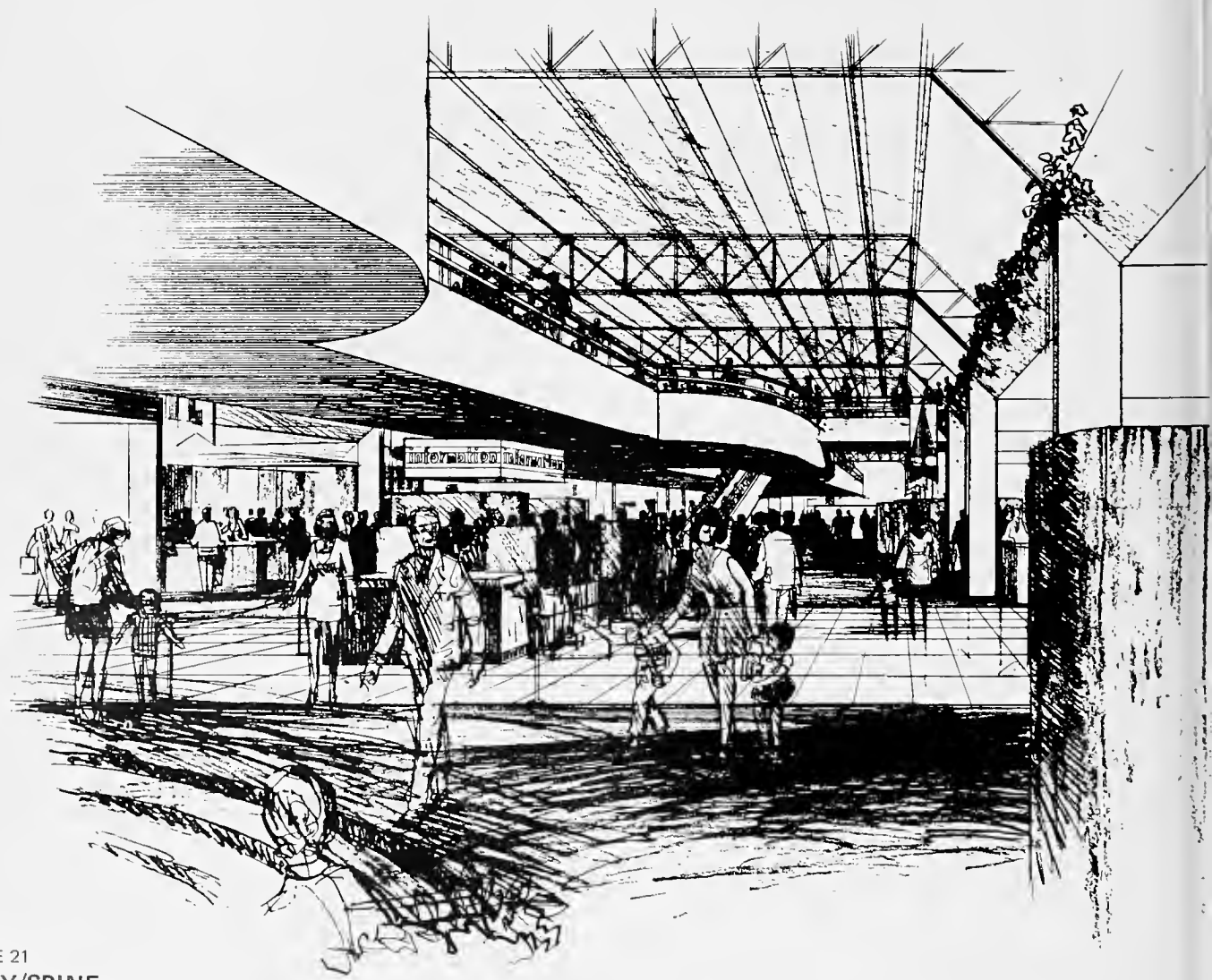


FIGURE 21
LOBBY/SPINE

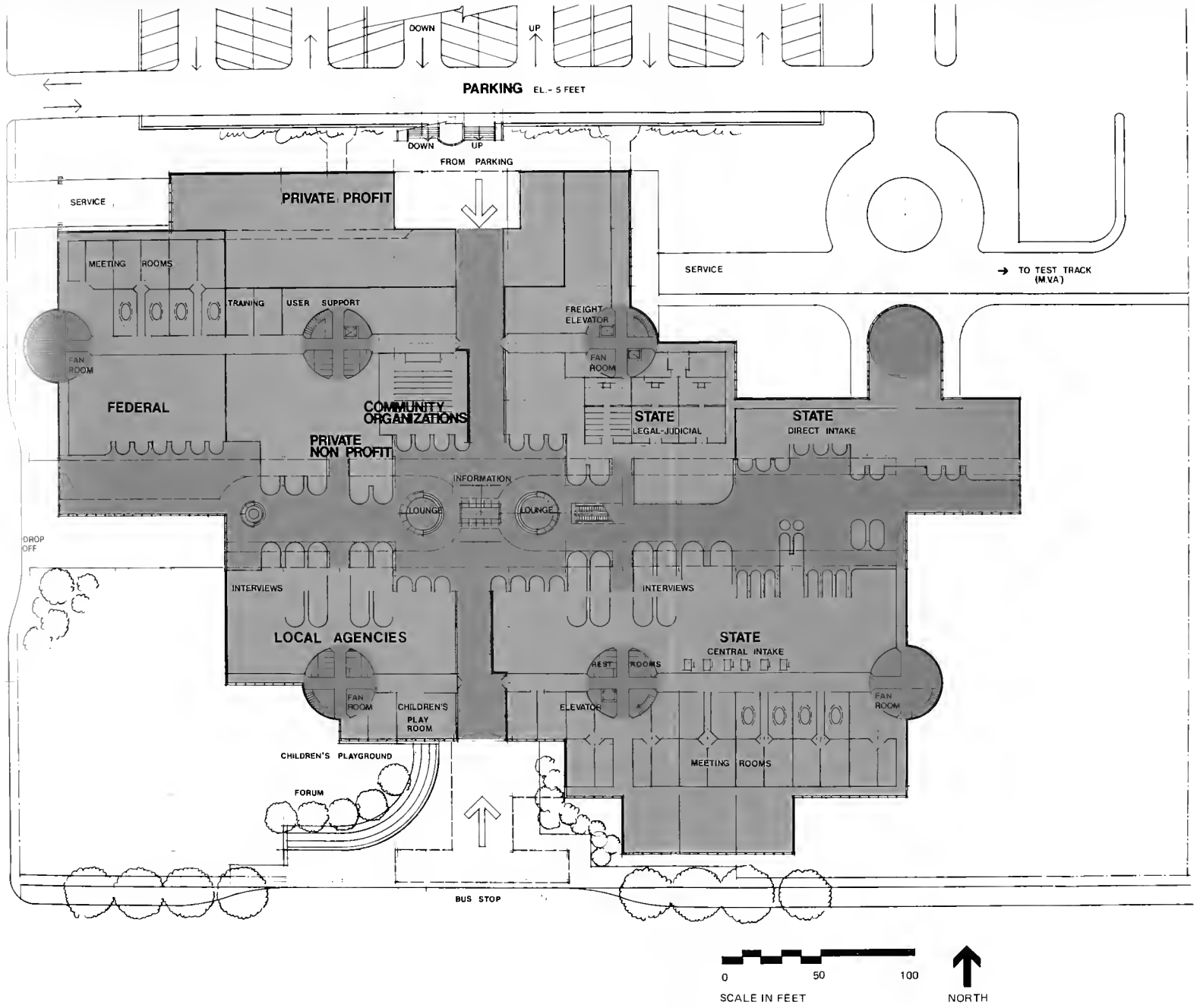


FIGURE 20
FIRST FLOOR PLAN

From this point, the MSC visitor is likely to be directed either to the central intake station for receiving services of a social or human resource nature, or to the direct intake area if the needs can be met by one of the single service programs provided. Each of these program areas is located immediately adjacent to the public spine and in close proximity to the information area.

At the central intake area, a counselor would assess the visitor's needs and complete any required eligibility or processing forms in one of several interview booths located around the perimeter of the central spine. The counselor would then convene the specialist for each area of need and meet with the consumer in specially provided meeting and conference rooms behind the interview space. The location of the interview areas and the approaches to them are isolated from the main public area, so that the specialists enroute to meeting with a client will not be delayed by random public contacts.

At the direct intake area are those programs that respond to persons with a single service need. These programs include those that are routine in nature and which tend to require minimum involvement with other MSC programs. The MSC employees administering these direct intake programs would be located adjacent to the public spine and would also have adequate work space behind the public area.

To the left of the information center, as shown in Figure 22—MSC Lounge Area, is one of the areas provided informally throughout the public space for clients.

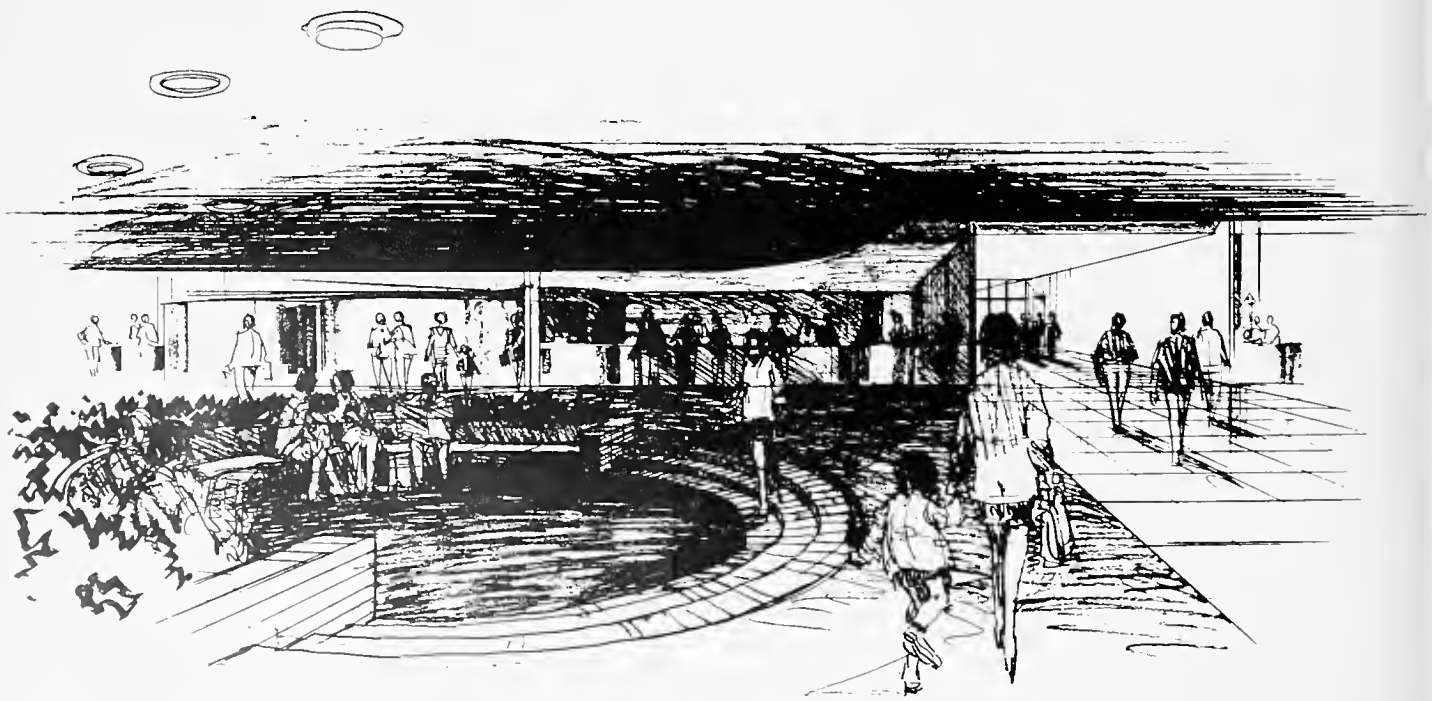


FIGURE 22
LOUNGE AREA

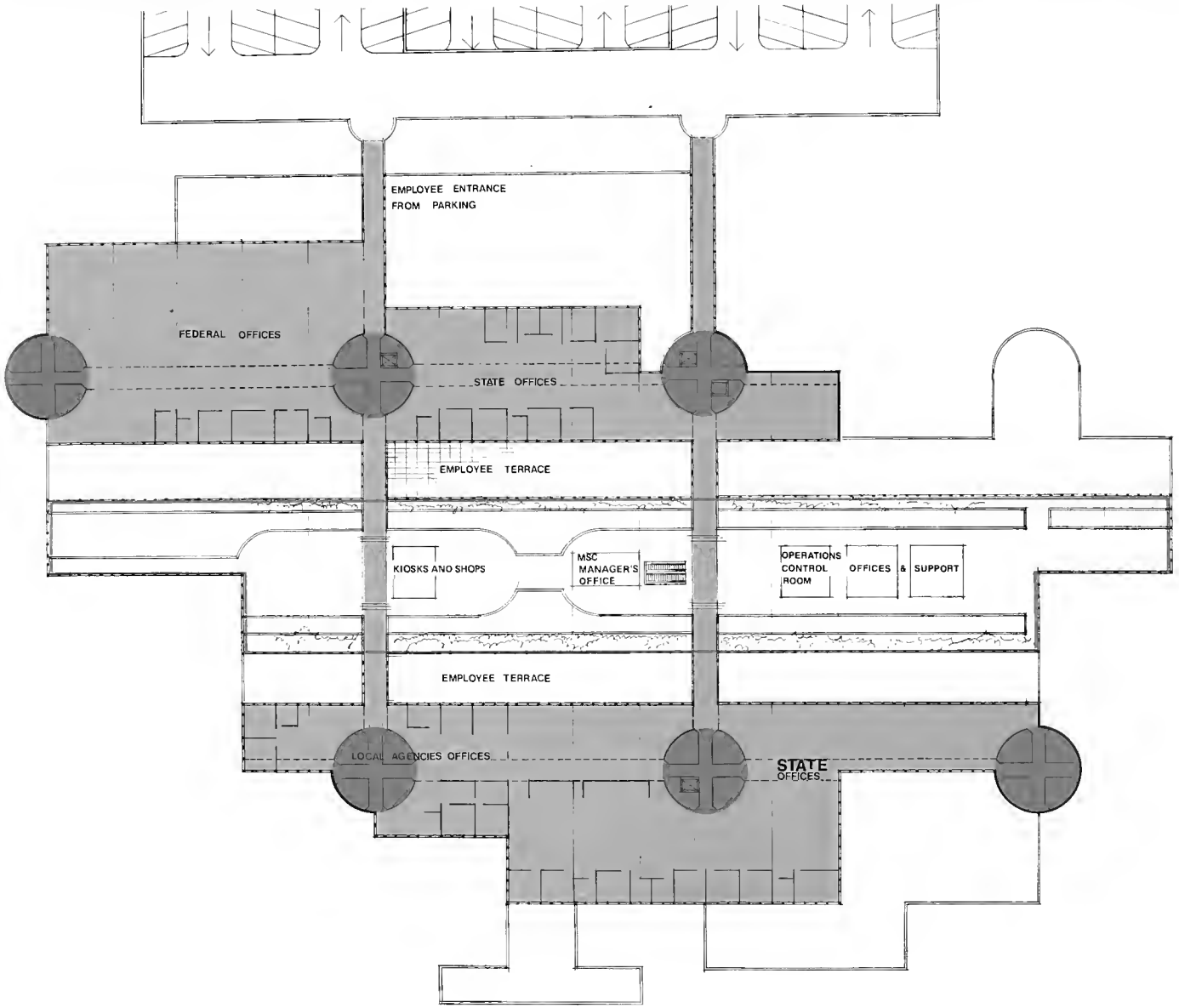


FIGURE 23
SECOND FLOOR PLAN

Additional services located on the first floor of the MSC include selected private profit and non-profit facilities, and voluntary and community organizations. These services are located immediately adjacent to the public spine areas for ease of user access and convenience. In addition, the federal, state and local programs are located in close proximity to each other to allow for ease of interaction in service delivery.

Second Floor Plan

The second floor of the MSC is devoted to state agency use and is the primary location for the offices of both program specialists and administrative employees. Also housed on the second floor would be those regional administrative and supervisory personnel serving the area in which the MSC is located. Included in this category are such personnel as Parole and Probation Circuit Supervisors and Vocational Rehabilitation Area Administrators. Also included would be regional offices of the Departments of State Planning and Economic and Community Development.

Bridges connect the employee office area with a mezzanine located directly above the first-floor public space. Rooftop employee outdoor terraces are adjacent to the bridges. The general layout and arrangement of second-floor spaces are shown in Figure 23—Second Floor Plan.

Mezzanine Plan

The MSC Manager's offices are on the mezzanine level for equal accessibility to all activities within the MSC and to allow ease in observing public activities occurring below. Figure 24—Mezzanine shows the public activity area as viewed from the mezzanine. Limited space on the mezzanine can be utilized for the expansion needs of non-governmental and community organization occupants.

Basement Plan

The basement of the MSC is designed for the central support functions and as a general-purpose storage area.

Activities occupying these spaces would include printing and duplication, mailing, supplies, maintenance, computers, telephone exchange, inactive files, storage, and the heating, ventilation and air-conditioning systems.

This below-grade space is designed to encompass approximately 10 percent of the total MSC ground coverage. This achieves economies in construction, maintenance, and energy costs.

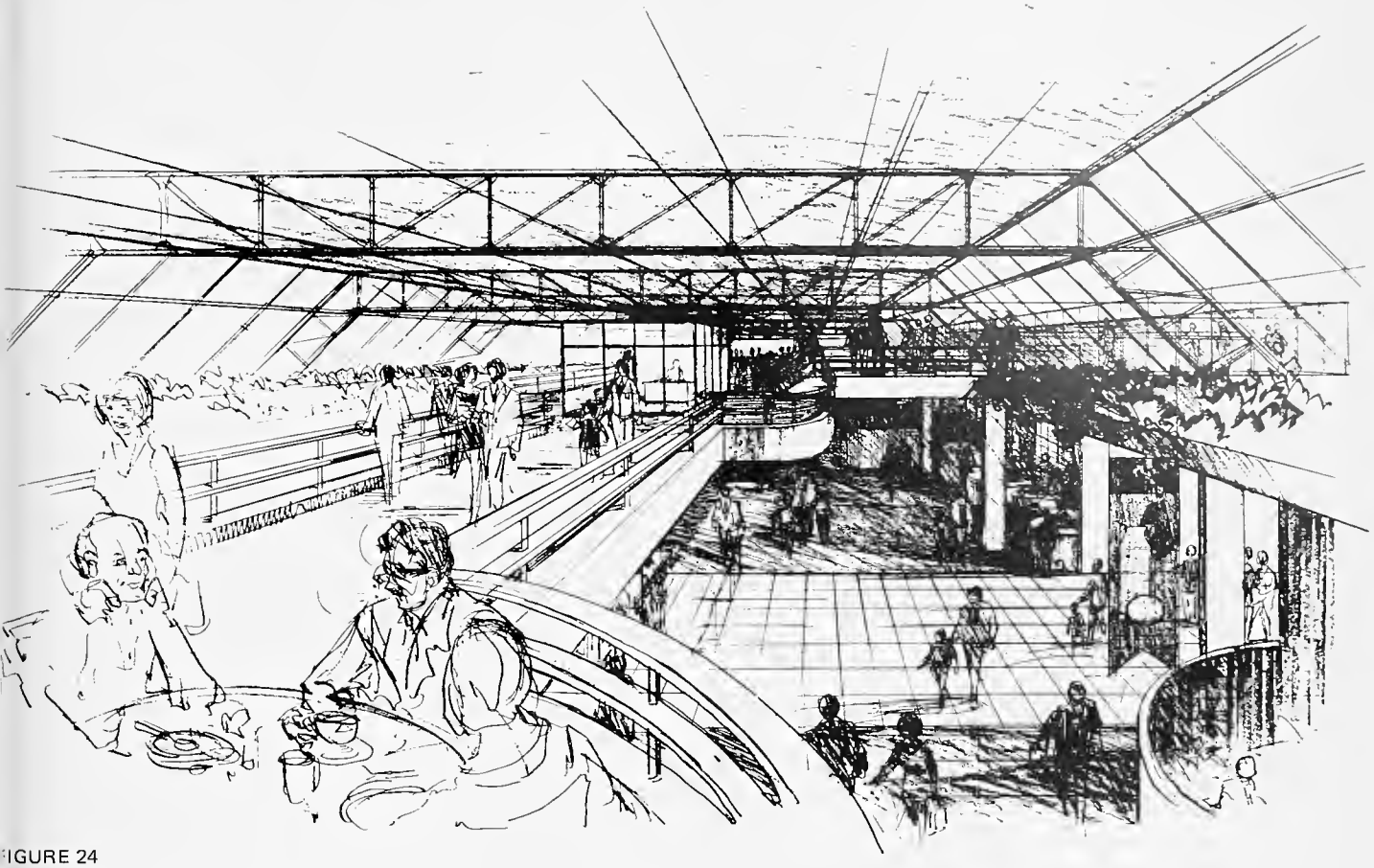


FIGURE 24
MEZZANINE

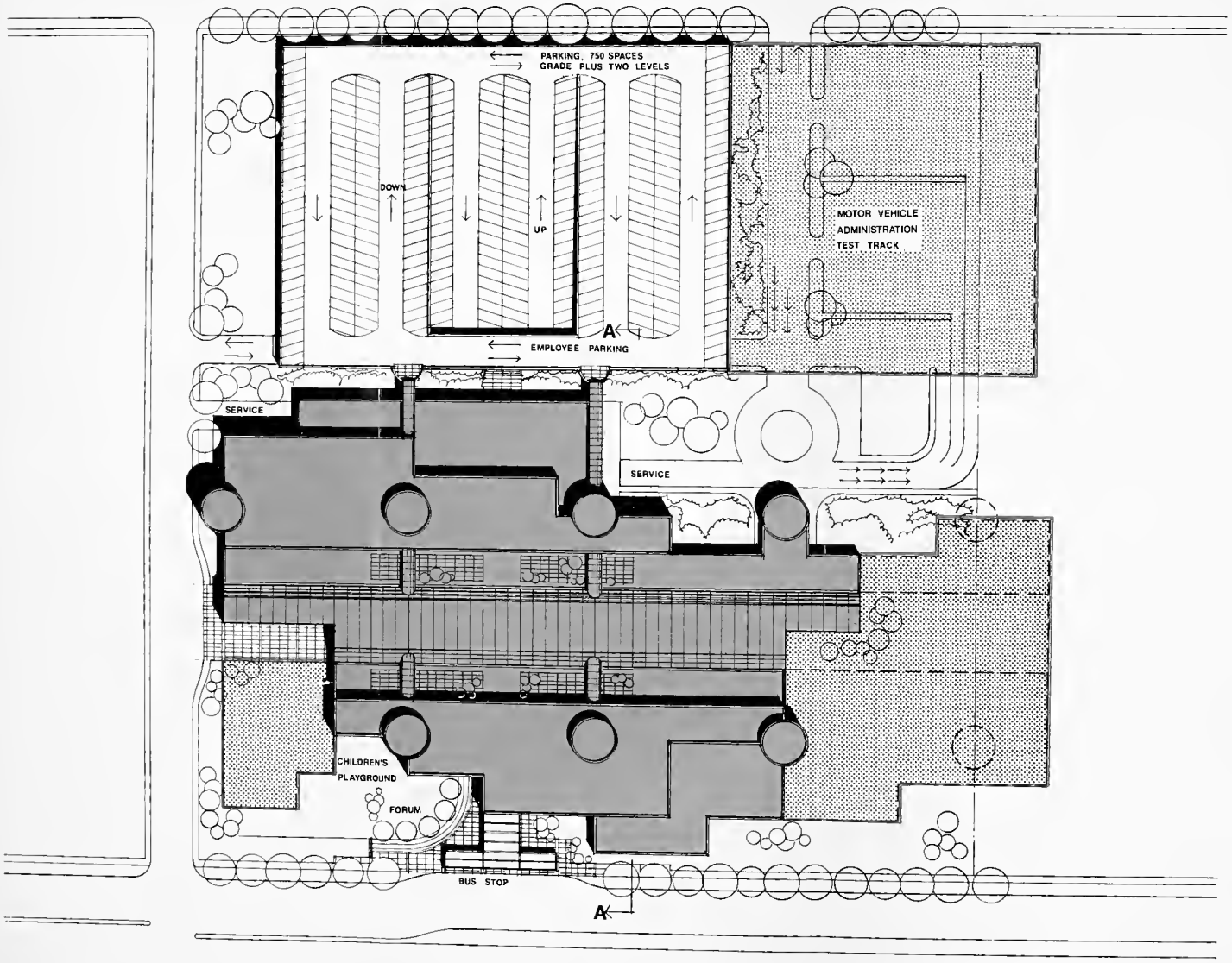


FIGURE 25
SITE PLAN--EXPANSION HORIZONTAL

Expansion Potential

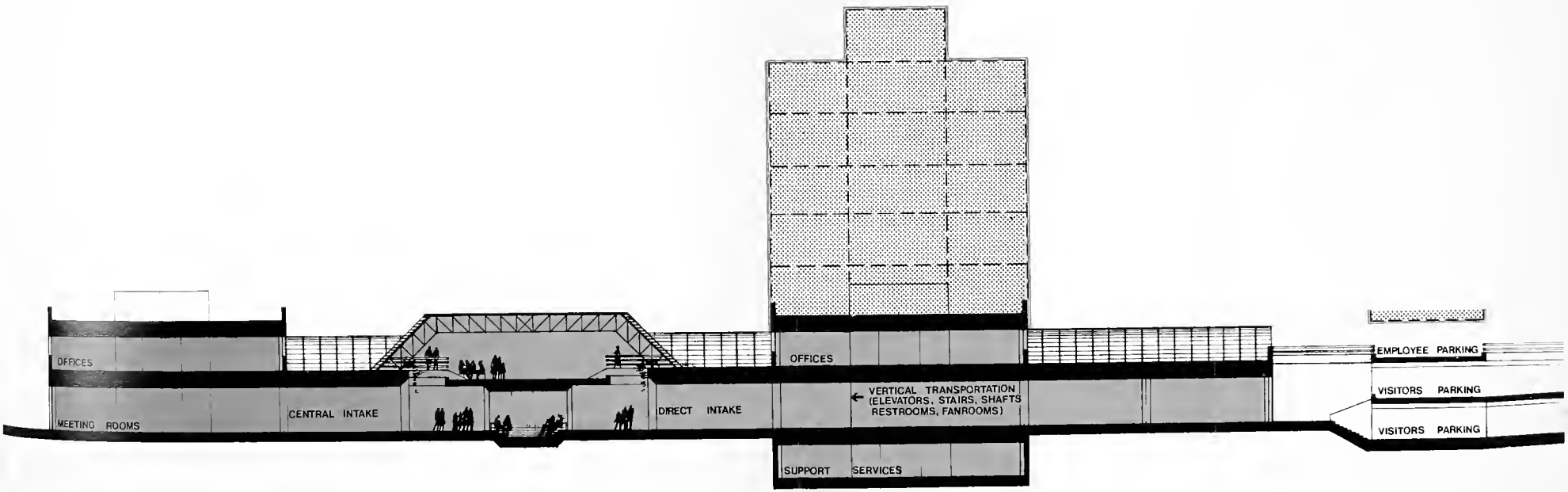
The expansion potential of the prototype MSC, both horizontally and vertically, is depicted in Figures 25 and 26. The prototype plan provides flexibility to respond to additions, eliminations and changes in programs by either the addition of more elements along the central spine, the expansion of those elements on the perimeter, or by shifting of internal wall systems. The concept can also accommodate additional office space needs for non-direct public contact activities.

MSC activities most likely to expand are intentionally located on the periphery of the public spine. The non-governmental MSC inclusions are least susceptible to major expansion and therefore are located in the inner section. The public spine remains open-ended, thereby allowing for extension of the public space, along with the peripheral elements. The parking facilities are designed to expand horizontally or vertically in direct proportion to program space expansion.

esign Impact

his prototype concept is intended to illustrate a three-imensional interpretation of the multi-service center ystem. Therefore, the architectural character indicated is erely a simple statement of spaces and their relation-hips. These visualizations present some of the many pportunities for outstanding architectural contributions roughout all areas of the state and, of equal importance, e opportunity to make public buildings public.

When developed, the MSC will have a major positive mpact on the surrounding areas. MSCs can serve an mportant role in revitalizing and rehabilitating both rural d urban areas. Sensitive urban design can influence the ansformation of major community segments. These pportunities have been examined in great depth within e overall study.



0 10 20 30 50
SCALE IN FEET

FIGURE 26
SECTION—EXPANSION VERTICAL

CHAPTER SIX
MULTI-SERVICE CENTER OPERATIONS

The MSC Plan has been guided by extensive research, which emphasized the experiences of clients of state service delivery agencies in Maryland and other states and levels of government. The multi-service center system is too new, too little tested, and the scope of the Maryland MSC Plan is too comprehensive to draw meaningfully from the experience of others.

Under these circumstances, it is recommended that, while the state goes forward with the host of necessary implementation procedures for carrying out the MSC Plan as formulated, it develop within the nearest possible time frame a Master Space Plan and Program and a prototype MSC. This MSC would be a working and operational facility housing the complete range of 83 state programs, plus all applicable federal, local and private activities. The prototype would be experimental in that it would test the MSC system under actual operating conditions, so that appropriate modifications that might emerge can be reflected in the design of future MSCs. This prototype center is identified on the following pages as PMSC. Objectives unique to this facility would be:

1. To demonstrate the potentials for all groups—federal, local, non-governmental and citizen—in the MSC system.
2. To verify population support levels, caseloads generated, staffing and space requirements relative to the provision of state program services.
3. To provide an actual basis for cost/effectiveness comparisons against elements of the existing service delivery system.
4. To train personnel in administration, central intake, central outreach, information, support and other roles unique to MSC operations.
5. To evaluate and refine where necessary the overall management and service delivery performance of an MSC.

Facility Location and Level

From the 44 various centers proposed in the MSC Plan, a Level 3 facility is selected to be the prototype MSC. The Level 3 PMSC should provide the most ideal opportunity to evaluate MSC operations under the most comprehensive testing conditions, while at the same time improving service delivery in an area of immediate need. It is one of the most complex and comprehensive of the centers to be built. The 16 proposed Level 3 MSCs will serve a far greater proportion of the population throughout the state than the other levels combined. Therefore, the experience gleaned here has the broadest application of any other level center.

Unique criteria to be considered when selecting the PMSC location should include:

1. Sufficient population presently existing to support immediate operations.
2. Consolidation of many scattered leased office facilities presently serving the area into a single state-owned building.
3. Close proximity to higher education and training resources.
4. Co-location with local neighborhood service centers operating or presently being planned.
5. Necessity to provide support activities, as well as all components of the MSC system.

PMSC Operations

The primary functions of and responsibilities for the PMSC are:

Service Delivery

As a working facility, the PMSC would continuously engage in its mandated role of delivering all previously defined direct contact program services to residents within the MSC's service area. It is recommended that the center provide the 83 selected services of ten executive departments, five independent agencies, and the judiciary.

Management

It is recommended that an MSC Operations Group be established with basic responsibility for operation of the center. The Operations Group would be composed of representatives from each of the state, local and federal government agencies operating within the center. Non-governmental MSC occupants would serve on the Operations Group as ex-officio members.

The MSC Operations Group's primary responsibilities would be the implementation of statewide MSC policies, as well as the setting of internal procedures and objectives for guiding center operations. Additionally, the MSC Operations Group would provide for an ongoing planning and evaluation program to test the effectiveness of the center in meeting its service objectives and to provide a basis for improving operations.

MSC Manager

The MSC Manager would chair the MSC Operations Group and have primary responsibility for the overall operation of the center and coordination of its programs among agencies. His role, however, is strictly that of a generalist and administrator, as the actual responsibility for the provision of service lies with the individual agencies.

Specifically, the responsibilities of the MSC Manager would be as follows:

1. Overall authority for coordination between agencies in the center, and preparation of required management reports needed for multi-service center programming, budgeting, and evaluation.
2. Implementation of general directives and policies insofar as the overall operation of the MSC is concerned.
3. Supervision of all non-agency components and services in the MSC, such as central intake, central outreach, and central record-keeping, as well as all other activities providing central support to the agencies operating within the center.
4. Insuring that conduits are made available for meaningful citizen input into the operation of the MSC.
5. Arranging for support services such as building maintenance, security, and office space allocation and management, thereby allowing the agencies to concentrate their efforts on service delivery.

Successful operation of the MSC requires cooperation between all levels of government participating in the multi-service center. Each MSC Manager would represent the MSC in its interactions regarding continuing coordination with all participating governmental officials and non-governmental units.

Non-Agency MSC Components and Services

A group of non-agency activities which both support and aid in coordinating the service delivery efforts of the various service agencies and programs is recommended for inclusion in MSCs in order to ensure that center operations are efficient and that the public receives adequate service. These non-agency components are the following:

Central Outreach

The purpose of central outreach is to make MSC service area residents aware of all programs which are provided, their location, availability of transportation, program details, and the days and hours in which the MSC is open. This staff unit will also be responsible for compiling a complete inventory of services, facilities and resources available within the center, at other public and private agencies, and at voluntary sources. Central outreach personnel would also be responsible for the MSC information center and directing clients to central or direct intake personnel in the center. The information provided to the public will cover human resource services, income assistance, health and mental health services, educational opportunities, recreational facilities, cultural resources, civic and voluntary programs, and assistance organizations in the service area.

Ideally, a *yellow pages* directory of services, which describes direct contact public programs offered by various levels of government, would be prepared as an outreach tool. Its particular utility is in providing a single document containing necessary information as to program eligibility requirements, documentation necessary for initial processing, location, days and hours of operation, and other services. Central outreach to the public would also be enhanced through visits by outreach personnel to church, school, employee and community groups, use of local communication media to publicize services, the mailing of information, and direct contact with persons known to be in need of services. Central outreach personnel would be available for after-hours contact in order to respond to emergency needs of residents.

Information

The information center represents the initial point of contact for all persons coming to the MSC. All requests for forms, programs, catalogs, directions and information concerning service availability would be fulfilled at this station. Information would be provided to the public by trained personnel who are thoroughly familiar with the range and scope of services offered.

Central Intake

The basic premise of central intake is that many people need a group of services delivered in a personalized and coordinated manner and also require a conscientious follow-up effort on the part of the agencies delivering the services. Central intake, therefore, is a personal counselor processing system in which a generalist interviews the client, determines eligibility and the degree and type of need, summons the necessary specialists from various agencies providing applicable services, and provides follow-up after the services have been delivered. This generalist will also be available to the client if there is a need for further assistance at the MSC. Since one counselor performs all functions necessary to assemble an adequate set of services for the client, and because the MSC staff member also establishes a one-to-one relationship with the service recipient, the total service delivery effort is both coordinated and personalized, and the present need for referral is eliminated. Central intake personnel should also be available for after-hours contact.

Central records would be a key element of central intake. This unit would maintain files on all persons using services offered at the center and would be the primary source of caseload data to be used in the management reports for periodic updating of the MSC Plan. It must be emphasized, however, that the files from the central records section should not be made available to

unauthorized parties, nor should they be made accessible to other agencies or other activities on an indiscriminate basis.

It is anticipated that when needed service is provided by a non-governmental organization, the central intake counselor will convene the appropriate assistance from that group within the MSC. Where no program response is available to assist a client with a bona fide but unique need, the central intake counselor will refer this special situation to the MSC Manager, who will bring it to the attention of the MSC Operations Group for resolution.

Agency Components and Services

The agencies housed within the MSC would be responsible for the actual delivery of service to the public. They would be directly responsible to their respective local or regional agency head for the effective administration of their programs. Their responsibilities to the MSC Manager would be threefold.

- Compliance with security, maintenance and other "housekeeping" arrangements developed by the MSC management.
- Provision of services by appropriate agency specialists assigned for that purpose by the agency supervisor when requested by the MSC Manager or central intake counselors. The procedures for delivering these services would, of course, be with the agency specialists themselves.
- In accordance with established policies, provide the MSC Manager with periodic reports on total caseload, data by program, and office space utilization and needs. This information is essential in order for the MSC Manager to effectively perform his "housekeeping" functions.

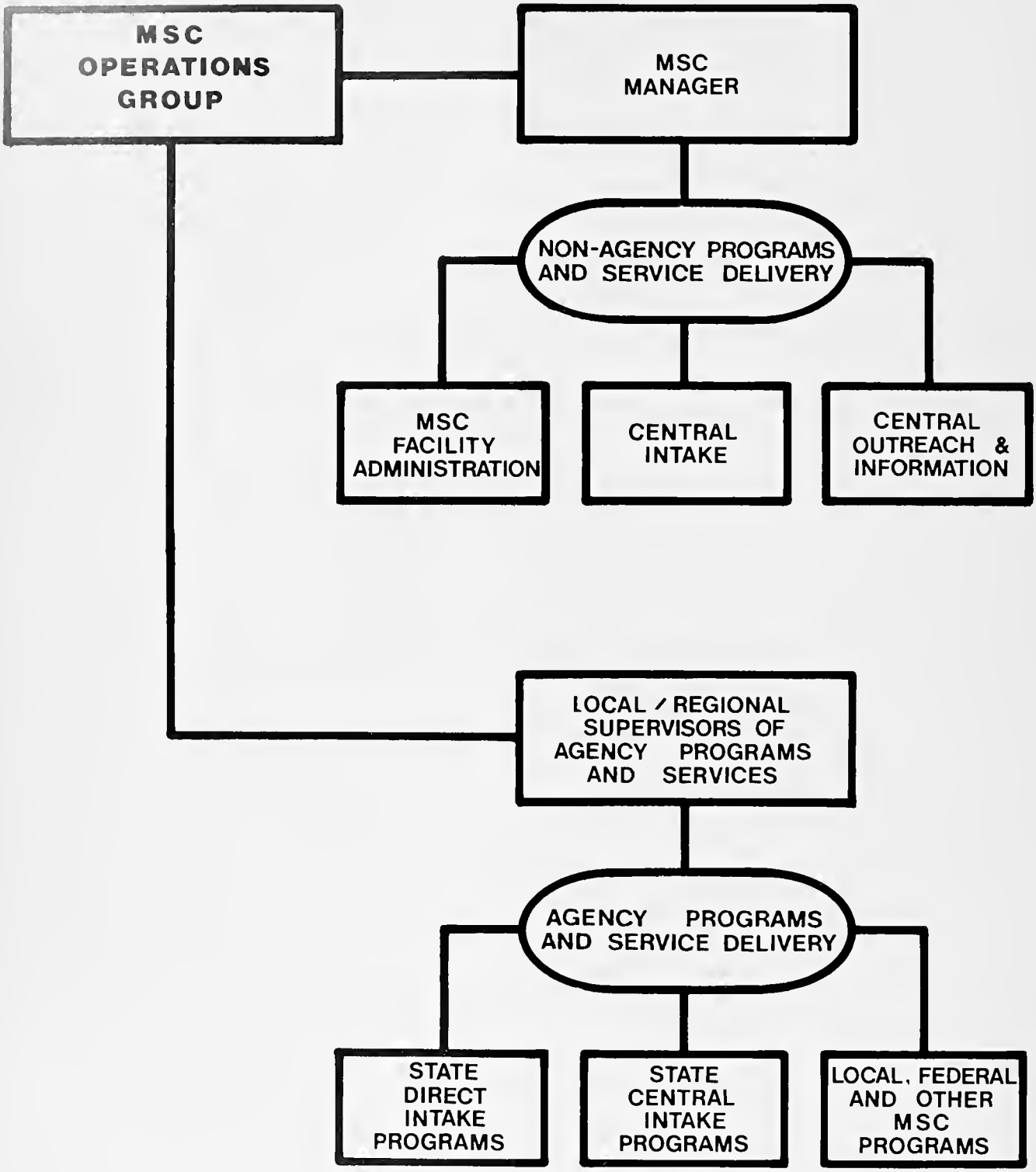


FIGURE 27
ORGANIZATION OF MSC ACTIVITIES

The relationship of all MSC components to operational and center management is illustrated in Figure 27.

Though the relationships among the MSC Manager, MSC Operations Group and supervisors of participating agencies within an MSC may appear to be innovative and pioneering, they are in fact in accord with contemporary managerial principles and are essential to the MSC system.

Problems with implementation are anticipated, cannot be avoided, nor should they be. In order to ensure success, these problems should be confronted and resolved by the MSC Executive Board as proposed in Chapter Seven.

Obtaining Service Within the MSC

Creation of centralized non-agency functions to coordinate service delivery will have a significant effect on the process by which service is delivered to citizens. In addition to the fact that virtually all major state-mandated direct contact public services will be available either directly or indirectly from one location, an entirely different process of obtaining service will enable the client to obtain a high degree of personal coordinated service hitherto unavailable.

For a number of programs and services, no eligibility determination is required, and client need response is somewhat routine, such as obtaining a license or permit, payment of a court fine, or obtaining property assessment information. A client in these instances can obtain service directly from agency specialists who have a minimal or no interactive role with staffs of other agencies. These program specialists would be located within the direct intake area.

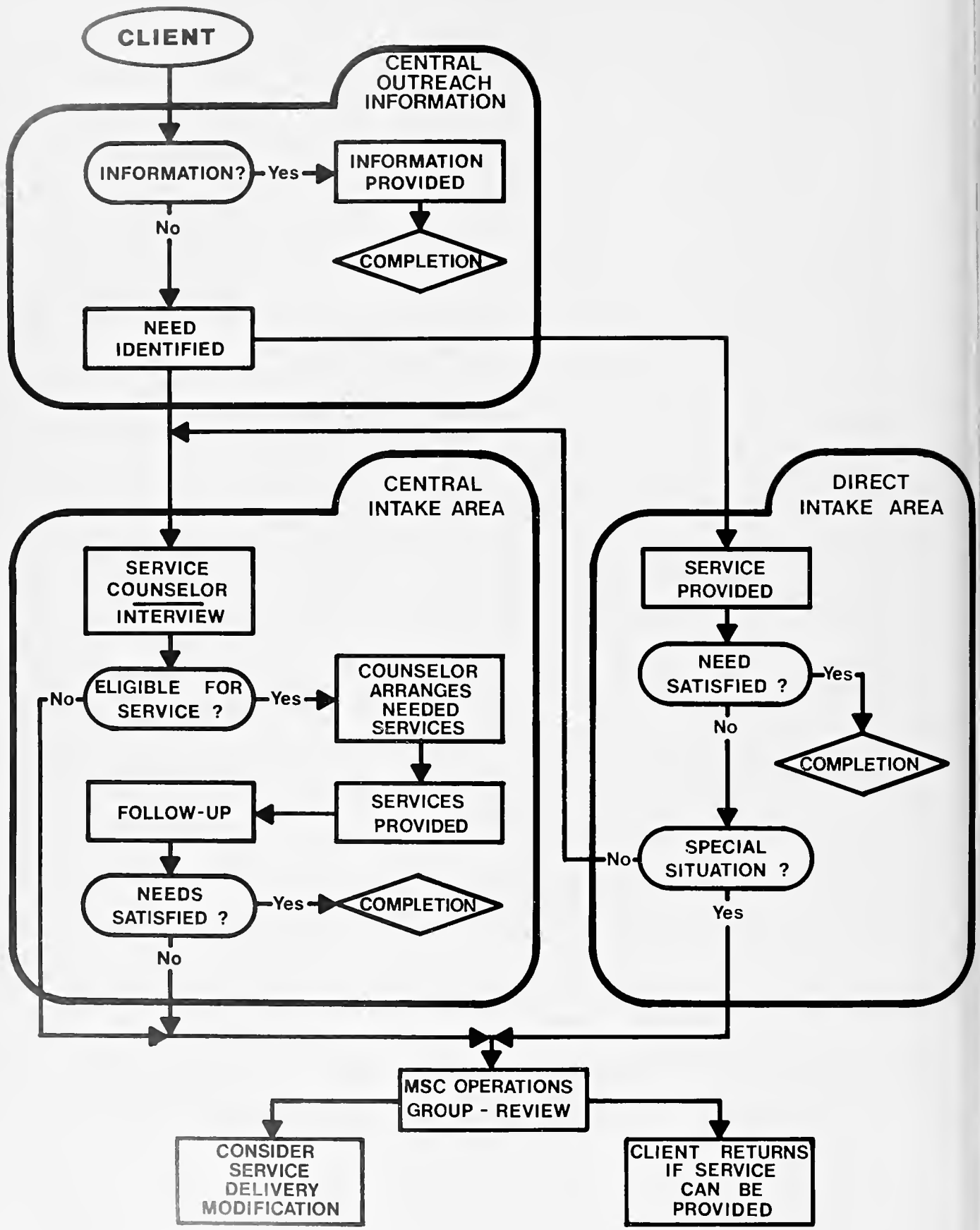


FIGURE 28
MSC CLIENT PATHWAYS

The client pathway for receiving services within the MSC system is depicted in Figure 28.

Training

The prototype MSC would serve as a training center for preparing management, community relations, service delivery and support personnel for assignment in subsequent MSCs. The PMSC training program will provide a trained staff group that can be utilized in two primary fashions: first, to serve as the core staff of other newly established MSCs, and, second, to serve as the training staff for new personnel. Training should address the following areas of interest related to MSC operations and functions:

- *Program Comprehension Training* for central outreach, central intake and information personnel.
- *Communication Training* to enable MSC personnel to communicate more effectively with clients.
- *Team Delivery Training* for staff providing clients with a coordinated range of services.
- *Policy and Legislative Training* needed for eligibility determinations.
- *Behavioral Science Training* for those who must fully understand a client's problems and be able to motivate a responsive attitude on the part of the client.
- *Support Staff Training* for para-professional and professional personnel.
- *Management Training* for potential MSC Managers.

Testing and Evaluation

One of the primary objectives of the PMSC, in addition to provision of services, is to provide the basis for testing and evaluation of the theoretical formulation and hypotheses of the planned system vis-a-vis the existing system. The basic testing and evaluation procedure would most appropriately involve:

1. A test comparison of such client data items as ease of accessibility, waiting times incurred, satisfaction with respect to service rendered, and cost incurred in obtaining service.
2. A comparison of the MSC and the existing system in terms of costs, effectiveness, and achievements.
3. A comparison of MSC non-state occupants as to increased utilization and effectiveness related to MSC objectives.

As administrative and operational experience is built up through PMSC activity, this knowledge would be applied to the statewide system. However, the MSC Plan and system are sufficiently advanced so that there is no apparent need for delaying the total system while the PMSC accumulates an extended period of experience.

The statewide system can proceed as scheduled, with the PMSC providing a continuous flow of information and trained personnel for subsequent facilities.

CHAPTER SEVEN
MSC SYSTEM IMPLEMENTATION

The process by which the MSC Plan and system will be implemented, as well as the procedures by which individual MSC facilities will be brought into being, involve the cooperation and input of numerous state agencies and local governments. This chapter sets forth these processes and procedures, outlines implementation responsibilities, and indicates a schedule for MSC development. Also included is an estimate of costs associated with the construction of the 44 proposed multi-service centers.

Implementation Responsibilities

It is recommended that as a means of implementing the MSC system an Executive MSC Board (EMB) shall be created to oversee the State of Maryland Multi-Service Center Program.

The Executive MSC Board shall be composed of the Secretaries of the Departments of Budget and Fiscal Planning, Personnel, General Services, and State Planning. It would be desirable for the Lieutenant Governor to serve as the board's chairman. However, if this proves not to be acceptable, the chairman could be selected annually from the board's membership.

This board would have the basic policy development and coordination responsibilities to ensure the implementation and continuity of the operating multi-service center system. While the board will be the central mechanism responsible for development of the MSC system, the resources that exist throughout the staff levels of the Executive Branch must be committed to the process. Expertise must be coordinated and made available to the board for the following MSC activities:

- Capital facilities budgeting and programming.
- Site selection and acquisition.
- Facilities space analysis and design review.
- Fiscal analysis and funding sources.
- Intergovernmental relationships.
- Citizen participation.
- Interdepartmental coordination.
- Personnel training.
- Program evaluation.
- Management procedures.
- Information systems.

The EMB will designate an administrative secretary who will be responsible for the administrative functions and other assigned requirements of the board. Staff for the EMB will be provided by assignment of existing departmental staff of those departments constituting the board.

MSC Priorities

A general prioritized implementation program for multi-service centers throughout the state has been developed based on forecasted demographics and population thresholds in each service area, an analysis of pertinent socioeconomic data in order to discern current and potential service needs, the adequacy of present facilities housing state agencies, and local facilities plans and opportunities which could potentially affect the housing of state service agencies.

Whenever local government indicated a desire to have the state as a tenant or joint developer in a proposed facility, that local proposal has been incorporated into the programming—providing it served the needs of the state as well. A paramount consideration influencing the MSC priority program is the District Court construction program, which if it is implemented in its entirety will replace all deficient court facilities within ten years. This represents a major construction program of service service center system. Wherever possible, existing priorities and schedules set for District Courts have been observed. Furthermore, cost savings inherent in building a full service facility at one time influenced the setting of MSC priorities coincident with those of the District Court whenever and wherever justified.

Highest priority has been assigned to those service areas where service demand is great, where relatively few service facilities are available, and where existing services are poorly housed or inaccessibly located, or both. In those service areas where more than one multi-service center is planned and where existing population is above or at population threshold level (100,000 persons) the next highest priority was assigned.

The extensiveness and overall cost of constructing the total MSC system necessitates that it be staged over a reasonable period of time. The prioritization of multi-service centers throughout the state is arrayed in Table 7.

It should be realized that this generalized priority program as proposed responds to the conditions and plans as they exist today. The dynamics of change necessitate that a detailed program be reviewed at least annually. Refined recommendations are anticipated at each review. Table 7 is summarized in Table 8.

Table 7

MARYLAND MULTI-SERVICE CENTER PRIORITIES

MSC SERVICE AREA	COUNTIES	MSC LOCATION	1975-79					1980-84					1985-89					1990-94					1995-2000					2000
			1975 Population	MSC LEVEL 1	2	3	4	1980 Population	MSC LEVEL 1	2	3	4	1985 Population	MSC LEVEL 1	2	3	4	1990 Population	MSC LEVEL 1	2	3	4	1995 Population	MSC LEVEL 1	2	3	4	2000 Population
1	ALLEGANY GARRETT	CUMBERLAND OAKLAND	106,600	●				107,500	○				108,500	○	●			109,500	○	○			110,500	○	○			111,500
2	WASHINGTON	HAGERSTOWN	110,000					118,000		●			124,000		○			130,000		○			136,500		○			143,000
3	FREDERICK	FREDERICK	95,000		●			105,000		○			117,600		○			130,000		○			142,500		○			155,000
4	CARROLL	WESTMINSTER	79,500		●			90,000		○			101,000		○			112,000		○			123,000		○			134,000
5	BALTIMORE	CATONSVILLE	175,600					192,000			●		204,800			○		217,600			○		230,400			○		243,400
6		OWINGS MILL	76,100					83,300					88,800		●			94,400		○			99,900		○			105,500
7		TOWSON	172,900					189,000			●		201,600			○		214,200			○		226,800			○		239,400
8		PARKVILLE	69,300					76,700					80,800					85,800		●			90,900		○			96,400
9		ESSEX	192,100					210,000			●		224,000			○		238,000			○		252,000			○		265,300
10	HARFORD	BEL AIR	71,800		●			82,500		○			93,100		○			103,700		○			114,400		○			125,000
11		ABERDEEN	63,200					72,600		●			81,900		○			91,300		○			100,600		○			110,000
12	MONTGOMERY	GERMANTOWN	52,700					59,400					65,400		●			71,300		○			76,300		○			81,600
13		ROCKVILLE	139,500					157,300		●			173,000		○			188,700		○			202,100		○→	●		215,000
14		BETHESDA	130,000					146,500					161,300		●			175,800		○			188,300		○→	●		200,600
15		WHEATON	136,600					153,900					169,300					184,700			●		197,800			○		210,900
16		SILVER SPRING	140,200					157,900		●			173,700		○			189,500		○			203,000		○→	●		216,900
17	HOWARD	ELLICOTT CITY	30,500					40,600					58,400		●			72,300		○			86,100		○			100,000
18		COLUMBIA	62,000		●			84,400		○			117,100		○			149,700		○			174,900		○→	●		200,000
19	ANNE ARUNDEL	ODENTON	67,100					79,200					87,900					96,600		●			106,600		○			118,500
20		GLEN BURNIE	152,500		●			179,800		○			199,500		○→	●		219,200			○		241,900			○		269,000
21		ANNAPOLIS CHURCHTON	143,400					169,000		●			187,600		○			206,200	●	○→	●		227,500	○		○		252,500
22	PRINCE GEORGE'S	HYATTSVILLE	171,200		●			186,400		○			204,100		○→	●		221,800			○		239,500			○		257,700
23		LAUREL	145,800					158,800					173,900		●			189,000		○			204,000		○→	●		218,700
24		BOWIE	79,800					86,900					95,200					103,400		●			111,700		○			119,900
25		SEAT PLEASANT UPPER MARLBORO	161,100		●			175,400		○			192,000	●	○			208,700	○	○→	●		225,300	○		○		241,700
26		OXON HILL	187,600					182,500			●		199,800			○		217,100			○		234,500			○		252,000
27	CHARLES	LA PLATA	65,000					80,000					94,000		●			108,000		○			121,500		○			135,000
28	ST. MARY'S CALVERT	LEONARDTOWN PRINCE FREDERICK	65,500					82,000		●			87,000	●	○			92,000	○	○			97,500	○	○			103,000
29	CECIL KENT	ELKTON CHESTERTOWN	73,000		●			78,000	●	○			79,000	○	○			82,000	○	○			86,000	○	○			90,000
30	TALBOT DORCHESTER QUEEN ANNE'S CAROLINE	EASTON CAMBRIDGE CENTREVILLE DENTON	83,500	●				96,000	○ ●	●			98,800	● ○ ○	○			101,700	○ ○ ○	○			105,500	○ ○ ○	○			109,000
31	WICOMICO SOMERSET WORCESTER	SALISBURY PRINCESS ANNE SNOW HILL	101,500	●	●			106,000	○	○			111,000	○ ●	○			116,000	○ ○	○			122,500	○ ○	○			129,000
32	BALTIMORE CITY	WEST	200,000					200,000			●		200,000			○		200,000			○		200,000			○		200,000
33		CENTRAL	502,000				●	500,000				○	500,000				○	500,000				○	500,000				○	500,000
34		EAST	200,000			●		200,000			○		200,000			○		200,000			○		200,000			○		200,000
		TOTAL	4,282,600	3	9	1	1	4,683,800	5	16	6	1	5,061,800	9	21	8	1	5,420,200	10	22	11	1	5,750,000	10	17	16	1	6,149,500

LEGEND:

● FACILITY ESTABLISHED

○ FACILITY EXISTING

→ FACILITY EXPANDED

NOTE: SERVICE AREA POPULATIONS HAVE BEEN EXTRAPOLATED FROM DEPARTMENT OF STATE PLANNING PRELIMINARY POPULATION PROJECTIONS—1980, 1990 AND 2000.

Table 8
SUMMARY: MSC PRIORITIES
1975-2000

Year	Development Program Number of MSCs Initiated	Percentage of Total System
1975-1979	14 MSCs	31.8
1980-1984	14 MSCs	31.8
1985-1989	11 MSCs	25.0
1990-2000	5 MSCs	11.4
Total	44 MSCs	100.0

Although implementation of the MSC system is staged over an extended period of time and averages about three multi-service centers per year, it is felt that the central outreach component should be implemented at an early time in each of the 23 counties of the state. In most instances, this could merely require training an existing staff person already functioning in an agency office or reassigning a trained employee to provide information about available services. The space requirements for this would be minimal, and early activation of this service would greatly enhance the immediate service delivery program throughout the state. Such implementation provides an expeditious solution to the problems people currently have in finding out what services are available to them and where these services are located, a difficulty mentioned in virtually every county visited. Initiation of this central outreach component constitutes a practical closing of the gap between the desire to construct all MSCs immediately and the reality of having to stage construction of the MSC system.

This central outreach program would initially be quite identical to the Federal Information Center system jointly established by the U. S. General Services Administration and the U. S. Civil Service Commission, with an initial center in 1968. The system currently includes 37 centers in five states, with toll-free tie-lines to most major cities within each of these states. Personnel carefully selected and trained for the job are knowledgeable about the multitude of agencies, programs and activities of the U. S. government. Certain FICs have a multi-lingual capacity.

Multi-Service Center Capital Program

The 25-year Capital Program required to support the MSC system is reflected in Table 9. The total implementation cost is $274 million (in 1974 dollars exclusive of interest costs). Over $211 million, or 77 percent, are to be committed to the program during the first ten years; $39 million are projected for the 1985 to 1989 period; and only $24 million during the last ten years of the planning period through the year 2000. This program is based on the generalized priorities identified in Table 7 and the summary in Table 8.

Table 9
MSC 25-YEAR CAPITAL PROGRAM

Year	Capital Requirement (MSC Plan)	Percentage of Total System Cost
1975-1979	$106,296,000	38.8
1980-1984	$105,130,000	38.4
1985-1989	$ 38,646,000	14.1
1990-2000	$ 23,753,000	8.7
Total	$273,825,000	100.0

Impact on Five-Year Capital Improvements Program

No projects authorized in previous capital improvement budgets would be made unnecessary by the implementation of the MSC system. MSCs and District Courts authorized, as well as those under consideration in the current Capital Improvements Program, are identified in Table 10. However, most of the District Court projects represent initial facilities which will eventually become integrated with the particular MSC at that location. Therefore, it is recommended that sites currently being purchased for District Courts be of sufficient size to accommodate proposed MSCs and that the site plan and building design should allow for the addition of the MSC.

Table 10
MSCs AND DISTRICT COURTS AUTHORIZED

Location	Facility	Item	Appropriation: Amount Allocated or Authorized	Source: General Construction Loan
Hagerstown	District Court/MSC	—	*	1973
Frederick	District Court/MSC**	Site, Plan, Construction	$ 3,945,000	1973 and 1976
Westminster	District Court/MSC**	Site and Construction	1,305,000	1976
Arbutus-Catonsville	District Court	Site and Construction	920,000	1974
Pikesville-Reisterstown	District Court	Site and Construction	1,420,000	1974 and 1976
Essex-Rosedale	District Court	Site and Construction	1,115,000	1974
Bel Air	District Court**	Plan	150,000	1976
Ellicott City	District Court/MSC	Site and Plan	240,000	1973
Glen Burnie	District Court/MSC**	Site and Plan	425,000	1976
Upper Marlboro	District Court/MSC	Site and Plan	515,000	1973 and 1976
Elkton	District Court/MSC	Site, Plan, Construction	3,800,000	1973 and 1976
Centreville	District Court/MSC**	Site and Plan	280,000	1975
Baltimore City (Central)	District Court	Site and Plan	790,000	1975
Total			$14,905,000***	

* Satisfactory rental facility being used. New District Court building not planned for immediate future.

** Joint local government/state facility. Appropriation represents state's share of funding.

*** Of the $14,905,000 currently authorized for MSCs and District Courts, $3,770,000 is for land acquisition and detailed plans, while $11,135,000 has been appropriated to allow construction of six centers to proceed.

Capital Budgeting Procedures

It is imperative that requirements of various departments, agencies and the judiciary housed in multi-service centers be synchronized to avoid overlapping and conflicting capital project requests and that the programmed MSCs will in fact meet the existing and future needs of the government entities concerned. The existing capital budgeting procedures have been examined as to compatibility with this imperative.

The Department of State Planning is required to analyze, evaluate, recommend and schedule for inclusion in the capital budget those projects of greatest urgency and importance operationally which have been requested by the using departments and agencies. This ensures that the state's physical plant facilities keep pace with program needs and the demands of an increasing population.

The capital improvement program/budgeting procedure is thoroughly formalized. It includes the preparation and distribution of detailed instructions and project submittal forms, applicability of space criteria, departmental hearings, and maintenance of close liaison with all state agencies and institutions for thorough understanding and evaluation of programs and facility needs.

Within this existing procedure, the Department of General Services would normally initiate requests for capital facilities. Requests by departments or agencies for housing programs or activities are screened through the present Department of State Planning review procedures. Should such needs be identified and justified, DSP may consider their inclusion into the draft capital improvement program.

This submittal and review procedure presently utilized in the Capital Budgeting and Improvement Program appears totally adequate, and no changes are proposed or considered necessary for implementing the MSC system.

Processing Multi-Service Center Capital Projects

The State of Maryland's Multi-Service Center Study presents a generalized plan and program to guide the state in delivery of direct contact services to all of its citizens. The criteria, procedures and guidelines developed in the study should be used as the basis for MSC implementation.

Initially, the Executive Multi-Service Center Board will develop the first Five-Year MSC Facility Plan, integrating currently approved and funded projects. This plan will then be updated by July 1 of each succeeding year, setting forth the priority program for MSC development.

To ascertain and confirm additional inclusions of other governmental and non-governmental services, the EMB would notify representatives of local government (counties and municipalities), the Federal Government, and civic and voluntary groups, advising of the state's intentions to provide a multi-service center within their service area. This notification would request a formal indication from each as to their desire for space allocation within the proposed facility and/or their interest in participating in the development of the facility. The notification would additionally provide the schedule established by the EMB for construction of the particular MSC.

In the event that any of these groups responds with an expression of non-interest for inclusion or lack of need for space allocation, the state, through the EMB, will document this response and will proceed with implementation of the MSC adequately scaled to provide for space needs as ascertained.

Any subsequent request for reconsideration from local government (counties and municipalities) officials, the Federal Government, civic or voluntary groups of a prior indication of interest or non-interest for inclusion within an MSC shall be presented to the EMB. The board will exercise its discretionary prerogative to modify the proposed MSC accordingly. Any additional costs incurred by such request shall be borne by the requesting groups unless otherwise determined by the EMB.

When there is an expressed desire to participate in the proposed MSC, such interest shall be formally provided in a letter of intent to the Executive MSC Board within 90 days of receipt of the original advisory notification. This letter of intention shall be for the state's advance planning purposes only and would not imply a commitment of funds.

The EMB, after receipt of all letters of interest and intent, will request the Department of General Services, with the assistance of the Department of State Planning, to prepare the Annual Capital Budget Project Request Form indicating the space required, parking needed, and other space program data for the particular MSC. This completed form and supporting data will be formally presented by DSP and DGS to the EMB. If the board approves the facility, it will direct the Department of General Services—subject to available funding—to proceed with development of a facility space program, using as a model the master space program as recommended to be developed in this Multi-Service Center Study. Facility program development can be accomplished by retention of a professional consultant or by state staff. If the services of a professional consultant are required, the contract retaining the consultant must be approved by the Board of Public Works through recommendations of the Department of General Services and the Executive MSC Board.

Following approval of a facility space program, the EMB will request the Department of General Services and the Department of State Planning to determine suitable sites for the proposed multi-service center. These departments would submit a report to the EMB which identifies all suitable sites evaluated, their conformity to site selection criteria as established in this MSC Study, and the departments' recommended candidate site.

Upon completion of review of this report, the EMB would convene at least one public hearing in the service area of the proposed MSC for the purpose of reviewing with interested parties the approved MSC program and the recommended site. Invited to the hearing would be all occupants and participants of the MSC.

Public participation in the hearing will be invited through mass media announcements appearing at least once per week for three consecutive weeks prior to the scheduled hearing. At the hearing, the EMB will accept testimony and written statements concerning the state's proposal for the multi-service center. Within 60 days of the closing of the public hearing, the Executive MSC Board will announce its decision concerning the proposed MSC program and site. The EMB will have the final administrative authority concerning the proposed multi-service center site and program. There shall be no provision for appeal to any other administrative body.

The Executive MSC Board, after approving the MSC program and site, will request preliminary planning funds and site acquisition funds through the Department of State Planning not later than July 1. This request will be accompanied by the previously prepared Annual Capital Budget Project Request Form (DS) Form A) and supporting detail, together with letters of interest and intent and the board's final decision related to the MSC program and site. The Department of State Planning will evaluate compatibility to Capital Project requests submitted by other state agencies and will make its recommendation to the Governor. When the Governor approves, the appropriation request will be included in the General Construction Loan, which is then submitted to the General Assembly, accompanied by all supporting documentation as previously described.

The EMB, following the General Assembly approval of the appropriation, will request the Department of General Services to retain an architect to prepare preliminary plans for the proposed MSC and to acquire the site as selected by the Executive MSC Board.

The board will solicit the non-state authorities desiring to participate in the multi-service center to submit a draft agreement which defines in detail the scope of the non-state group's involvement in the facility, i.e., the extent of participation in the operating and maintenance costs (including debt service) and the preferred basis of participation (space occupancy ratios or other basis as determined to be appropriate). The EMB will evaluate the draft agreements and will forward copies to the Board of Public Works for informational purposes.

After the Department of General Services has received the completed preliminary plans and acquired the site for the MSC, it will prepare a Capital Budget Project Request Form for final design and construction funds. This request will be reviewed by the Executive MSC Board and, if approved, will be submitted, together with the draft agreements, to the Department of State Planning for review and recommendation for inclusion in the next General Construction Loan. If the Governor approves the recommendation, an appropriation for design and construction of the facility will be included.

When the General Assembly approves the appropriation, the draft agreements will be finalized and submitted by the Executive MSC Board to the Board of Public Works. If the Board of Public Works approves the finalized agreements, the EMB will request the Department of General Services to proceed with design and construction of the facility. The Executive MSC Board will then be responsible for final acceptance of the constructed facility and will certify its acceptance to the Board of Public Works.

CONCLUSION

As previously stated in the Introduction, the State of Maryland has long been concerned with the increasing physical, social and economic complexities of its dynamic society and the ever-increasing number of laws, regulations, programs, facilities, personnel, budgets and subsidies considered necessary to effectively carry out and provide adequate government service.

This Multi-Service Center Study examined in depth the historical and contemporary service delivery system and found it to be a highly specialized system providing a decreasing level of satisfactory service at an increasing level of cost. Such a system has a tendency to perpetuate itself, and unless a deliberate intervention is designed and launched against its internal dynamics it will persist and grow.

The Multi-Service Center Plan and Program is such a design. All criteria, goals and objectives established for this study have been met, and if the proposed system is interwoven within the existing fabric of the present system, a more humane, dignified, economic, efficient and flexible government service delivery system will emerge.

Though the facility planning and capital budgeting for multi-service centers closely parallels the established process currently followed by the State of Maryland, the proposed managerial and operations system of a multi-service center represents a significant change from current procedures. Relationships between service program agencies and the MSC Manager and to the Executive MSC Board, the introduction of program generalists, particularly central intake counselors, to personally serve clients, the total sensitivity to client needs, central support functions, and the many other managerial and operational changes developed in this study and described in this Summary Report all represent modifications to certain policies as currently formulated by legislation and procedures established by the operating agencies of the state government.

In order to achieve the goals and objectives of the MSC system, there must be a redefinition of missions and roles among the departments of the state responsible for providing direct services to the public. To ensure a successful transition to immediate, intermediate and long-range MSC operations, the Management Development Center of Maryland* or a nationally recognized organizational development specialist should be used to enunciate the kinds of encounters which can be anticipated and to resolve the

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* A unit of the Maryland Department of Personnel funded in part by a grant from the U. S. Civil Service Commission under the Intergovernmental Personnel Act of 1970.

basic problems that arise. An interagency group composed of mid-level managers and higher-level executives should be formed to address and participate in solving these problems. It is a recognized fundamental that confronting such issues is best done in a group process involving those most concerned. It is imperative, however, that the establishment of operational procedures must be sensitive and responsive to the needs of the citizen, and not primarily to the needs of the staff.

MSC management and operations planning must begin with an education process which explains these new roles and responsibilities, matchmated to the achievements of significant magnitude which can be derived. Skilled organization and management specialists should be made available to work directly with the service delivery staff, their supervisors and executive officers to ensure that the initial difficulties of changeover are quickly overcome and the new system is implemented successfully.

The various operating components of the MSC, the organizational principles, the managerial responsibilities and, most important, procedures for effective, convenient, satisfactory and economical public service delivery have been tested and demonstrated elsewhere—but never on the scale and total approach as perceived for the State of Maryland multi-service center system. Successful implementation will not be easy, but it is not the impossible task that those reluctant to change will so indicate.

With similar endorsement by all of the multi-service center system and assignment of personal priority to implement this study's recommendations, as has been pledged by Governor Mandel, his expressed hope to "provide a better quality of life to the citizens of Maryland" will then be realized.

APPENDIX: STUDY PROGRESS REPORTS

The MSC study was a complex and long-term endeavor. Consequently, the study was divided into manageable phases to facilitate required input, dialogue, and reporting.

The study's process and its management is illustrated in Figure 29. We trust that this Summary Report and the details leading to it may be of assistance in understanding the plan and its proposals and in gaining both its acceptance and approval.

Detailed progress reports were prepared and distributed at the conclusion of each of the first ten separate study phases. These reports documented the findings and recommendations of the study and provided an opportunity for review, evaluation and comment by the broadest segment of those interested. The following progress reports are available for study:

Phase 100
Study Initiation
(April 1973)

Phase 200-300
Selection of Data/Analysis and Forecast
(November 1973)

Phase 400
MSC System Planning
(January 1974)

Phase 500
Evaluation of Alternatives
(May 1974)

Phase 600
Analysis of Cost and Benefits
(February 1974)

Phase 700
Concept Financing and Feasibility
(March 1974)

Phase 800
MSC System Selection
(July 1974)

Phase 900
System Programming and Implementation
(December 1975)

Phase 1000
MSC Site Standards and Design
(November 1974)

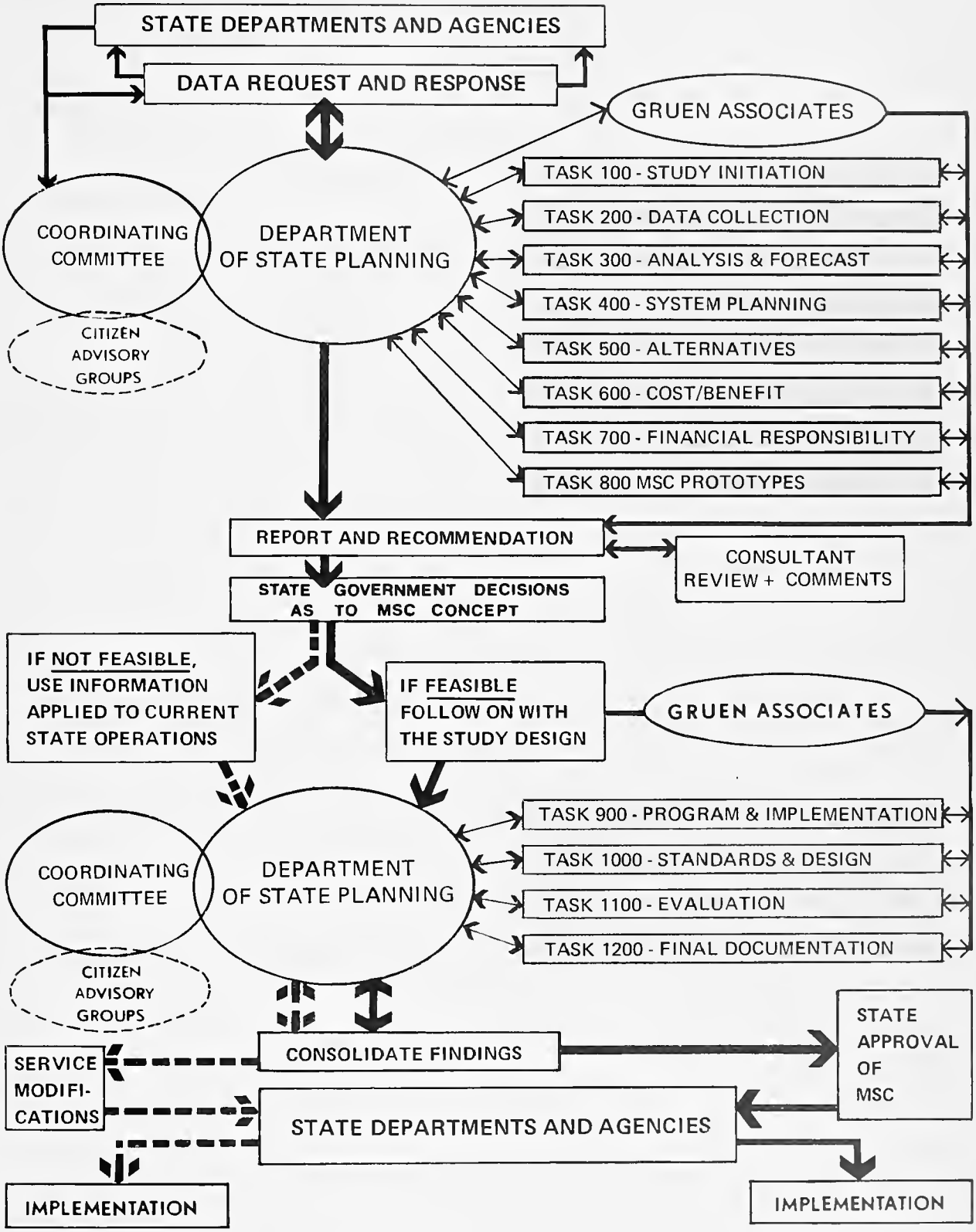
Summary Report
(December 1976)

Summary Report
(January 1977)

In addition to the above-described published reports, large scale maps have been prepared, major displays of governmental interactions have been diagrammed, service programs have been inventoried, time frames for implementation have been estimated, and all available statistics have been analyzed and catalogued. Appendices, reports and a bibliography are also published.

Further, all comments from the citizen participation groups, the State Planning Coordinating Committee, non-state agencies and individuals are on file. The same is true for phase-by-phase comments from the state agencies.

STUDY DESIGN: PROCESS AND MANAGEMENT



ACKNOWLEDGEMENTS

The Department of State Planning would like to acknowledge the State Planning Coordinating Committee and all participating government agencies for their assistance and cooperation throughout the preparation of this study. Their timely and thorough response to review material was an invaluable aid in both the development and refinement of various study elements.

Acknowledgement is also extended to the citizen advisory groups for their participation, expressions of local concerns, and recommendations with respect to study proposals.

ABSTRACT

Title
State of Maryland Multi-Service Center Study Summary Report

Planning Agency
Maryland Department of State Planning

Subject
Presentation of summary highlights, findings, and recommendations of the Multi-Service Center Study

Date
December 1976

Consultant
Gruen Associates, Inc.
Washington, DC · New York · Los Angeles

Source of Copies
Maryland Department of State Planning
State Office Building
301 West Preston Street
Baltimore, Maryland 21201

HUD Project Number
P-1016

Number of Pages
125

Series Number
273

Abstract
This Summary Report presents the major findings and recommendations of a research and development study of the applicability of multi-service centers to the State of Maryland. The study was accomplished in ten distinct phases. Detailed progress reports were prepared and distributed at the conclusion of each separate study phase which provided an opportunity for review, evaluation and comment by those interested in and affected by the study and its recommendations.

The overall study process is summarized in this report in terms of the four major parts in which the study was undertaken:

(1) Data Collection and Analysis
(2) Concept Development and Evaluation
(3) Multi-Service Center Planning and Programming
(4) Site Standards, Design, and Implementation

The report further includes a plan and program for the development and operation of a statewide system of multi-service centers, recommendations for a management approach to guide system development, and the design and layout for a prototype multi-service center to test the center's operations and provide training and refinements for the system.

GRUEN ASSOCIATES STUDY TEAM

Ben H. Southland
Partner in Charge

Edgardo Contini
Partner

S. Buddy Harris
Vice President, Project Director

Fereydoon Ghaffari
Vice President, Planning

Ralph D. Wilson
Project Coordinator

Elaine V. Carbrey
Head of Planning Department

William Martin
Senior Planner

Robert Kaufman
Senior Planner

Ronald Running
Planner

James Loveless
Planner

Dale Thrush
Environmental Planner

Harold Marks
Director of Traffic and Transportation

Clint Rosemond
Sociologist

Charles Wilson
Researcher

Roylance L. Bird, Jr.
Vice President, Design

Heinz Meier
Senior Designer

Marion Sampler
Head of Graphics Department

Bob DeRosa
Graphic Designer

Toby Rubenstein
Technical Editor

Urban Pathfinders Inc.
Economics

3 1430 02900686 5

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